



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) ☐ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO:

AIRS ID#: 0210099 **DATE:** 3/14/11 **ARRIVE:** 12:30 **DEPART:** 2:20

FACILITY NAME: NAPLES MEMORIAL FUNERAL HOME & CEMETARY

FACILITY LOCATION: 525 111TH AVE N
NAPLES, FL 34108-

OWNER/AUTHORIZED REPRESENTATIVE: STEPHEN BARRETO **PHONE:** (239)597-3101

Email:

CONTACT NAME: STEPHEN BARRETO

Mobile:

PHONE: (239)597-3101

Email:

Mobile:

ENTITLEMENT PERIOD: 5/17/2009 / 5/17/2014
(effective date) (end date)

Facility Section

PART I: INSPECTION COMPLIANCE STATUS (check ☒ only one box)

☒ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE

PART II: ONSITE INTRODUCTORY MEETING

(check ☒ only one box for each question)

1. Name(s) of facility representative(s): _____

Brief Notes: _____

2. Is the Authorized Representative still STEPHEN BARRETO? ----- ☒ Yes ☐..No

If no, who is?: _____

If different, did the facility provide an administrative update within 30 days? ----- ☐ Yes ☒..No

3. Is the facility contact still STEPHEN BARRETO? ----- ☒ Yes ☐..No

If no, who is?: _____

4. Will facility be conducting VE test(s) during today's inspection? ----- ☒ Yes ☐..No

If yes, was the compliance authority notified at least 15 days in advance? ----- ☒ Yes ☐..No

Emissions Unit Section
1 – Human Crematory-primary/2ndary chambers, NG fired, 100 #/hr

PART I: FILE REVIEW PRIOR TO INSPECTION

(check ☒ only one
box for each question)

1. a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? ----- ☒ Yes ☐..No
 - b. If yes, were design calculations provided then to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? ----- ☒ Yes ☐..No
2. Crematory unit installed after February 1, 2007? ----- ☐ Yes ☒..No
3. Date of last inspection: 3/9/10
4. Past Visible Emissions (VE) tests:
 - a. Was a VE test performed within each of the past 4 calendar years? ----- ☒ Yes ☐..No
 - b. Has a VE test been performed yet within the current calendar year? ----- ☒ Yes ☐..No
 - c. If first year of operation, was a VE test performed within 30 days of commencing operation? ----- ☒ N/A ☐ Yes ☐..No
 - d. Date of last VE test: 3/9/10
 - e. Was the VE test report filed with the compliance authority no later than 45 days after the test? ----- ☒ Yes ☐..No
 - f. Did the facility demonstrate compliance during the last VE test? ----- ☒ Yes ☐..No

If no, what was the problem (if known)?

PART II: VISIBLE EMISSIONS TESTING

(check ☒ only one
box for each question)

1. **Was a visible emissions test conducted by the facility for this unit during this site visit?** ----- ☒ Yes ☐..No
 - a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? ----- ☒ Yes ☐..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- ☒ Yes ☐..No
 - c. The visible emission test resulted in an opacity of 0 % for the highest six minute average.
 - d. Did the visible emission test demonstrate compliance with the limit? ----- ☒ Yes ☐..No

(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)
2. **Was a visible emissions test conducted by the inspector during this site visit?** ----- ☒ Yes ☐..No
 - a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? ----- ☒ Yes ☐..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- ☒ Yes ☐..No
 - c. The visible emission test resulted in an opacity of 0 % for the highest six minute average.
 - d. Did the visible emission test demonstrate compliance with the limit? ----- ☒ Yes ☐..No
3. **Is there any reason to ask for a special test to determine compliance with the PM and CO standards?**

☐ Yes ☒..No

If yes, what reason?

PART III: MONITORING/RECORDKEEPING REQUIREMENTS

(check ☒ only one
box for each question)

1. **Were there any objectionable odors detected?** ----- ☐ Yes ☒..No

An upwind/downwind survey of the facility was conducted. The observed parameters were:
 Downwind odor level detected- Wind direction - Upwind odor level detected- (1-10)
2. **Continuous Monitoring Systems –**
 - a. Is a continuous temperature monitoring system installed on each unit to record temperatures in the secondary chamber in accordance with the manufacturer's instructions? ----- ☒ Yes ☐..No
 - b. Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at ☒ 1,800¹ ☐ 1,600² degrees was determined? ----- ☒ Yes ☐..No

(Application or initial notification: ¹ received on or after 8/30/89; ² received before 8/30/89)

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)

- c. Are the following records kept on file, available for inspection, for at least the past two years?
- | | | |
|---|---|-------------------------------|
| 1) All temperature measurements ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations ----- | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 3) All CEMS or monitoring device calibration checks (last performed on ()) ----- | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 4) Adjustments ----- | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 5) Preventive maintenance performed on systems/devices ----- | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 6) Corrective maintenance performed on systems/devices ----- | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
- d. Are the temperature charts properly documented with operator name, operator indication of when cremation in the primary chamber was begun, date, time, and temperature markings -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3) -----
- | | | |
|--|------------------------------|-------------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement? -----
- | | | |
|--|------------------------------|-------------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? -----
- | | | |
|--|------------------------------|-------------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? -----
- | | | |
|--|------------------------------|-------------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|

PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES(check ☒ only one box for each question)

1. If the application to construct was **BEFORE** August 30, 1989 is the:
- a. actual operating temperature of the secondary chamber combustion zone no less than **1400°F** throughout the combustion process in the primary chamber? -----
- | | | |
|--|------------------------------|-------------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? -----
- | | | |
|--|------------------------------|-------------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
2. If the application to construct **ON** or **AFTER** August 30, 1989 is the:
- a. the actual operating temperature of the secondary chamber combustion zone no less than **1600°F** throughout the combustion process in the primary chamber? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|

PART V: ALLOWED MATERIALS(check ☒ only one box for each question)

1. *Other than* human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|

PART VI: EQUIPMENT MAINTENANCE(check ☒ only one
box for each question)

1. Is the crematory unit maintained in accordance with the manufacturer's specifications? ----- ☒ Yes ☐..No
2. Is there a written plan onsite which addresses the operating procedures during startup,
shutdown and malfunction? ----- ☐ Yes ☐..No
3. Does the crematory allow for a visible check on the flame characteristics? ----- ☐ Yes ☒..No
If no, skip a. – b.
- a. Was the flame characteristic visually checked at least once during each operating shift? ----- ☐ Yes ☐..No
- b. Was the flame adjusted when necessary? ----- ☐ Yes ☐..No

PART VII: EU INSPECTION COMPLIANCE STATUS (check ☒ only one box)
☒ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE
Facility Section (continued)**SPECIAL CONDITIONS AND PROCEDURES**(check ☒ only one
box for each question)Administrative Changes:

1. Were there any changes in the name, address, or phone number of the facility or authorized representative not
associated with a change in ownership or with a physical relocation of the facility or any emissions units or
operations comprising the facility; or any other similar minor administrative change at the facility? ---- ☐ Yes ☒..No
2. If yes, did the facility provide written notification within 30 days of the change? ----- ☐ Yes ☐..No

New or Modified Process Equipment or Change in Ownership:

3. Since the last registration form submittal has there been ----- ☐ Yes ☐..No
- a. Installation of any new process equipment? ----- ☐ Yes ☒..No
- b. Alterations to existing process equipment without replacement? ----- ☐ Yes ☒..No
- c. Replacement of existing equipment with equipment that is substantially different? ----- ☐ Yes ☒..No
- d. A change in ownership? ----- ☐ Yes ☒..No
- If the any answer to 3a. – d. is Yes , was a new registration form and the appropriate fee
submitted 30 days prior to the change? ----- ☐ Yes ☐..No

Sherrill Culliver

3/14/11

Inspector's Name (Please Print)_____
Date of Inspection_____
Inspector's Signature_____
Approximate Date of Next Inspection**COMMENTS:**