



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0112643	DATE: <u>05/26/2011</u>	ARRIVE: <u>930</u>	DEPART: <u>1030</u>
FACILITY NAME: TELEFAX MARKETING			
FACILITY LOCATION: 2339 NW 30TH CT OAKLAND PARK 33311-1415			
OWNER/AUTHORIZED REPRESENTATIVE: FELIX REYNOSO		PHONE: (954)497-2330	
Email:		Mobile: (954)605-9710	
CONTACT NAME: FELIX REYNOSO		PHONE: (954)497-2330	
Email:		Mobile: (954)605-9710	
ENTITLEMENT PERIOD: 6/27/2009 / 6/27/2014 (effective date) (end date)			

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

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: CLASSIFICATION – Rule 62-213.300 FAC
 Facility type(s)/applicable standard as indicated on notification form:

1. **Hard Chromium Plating**

a. Existing Large (0.015 mg/dscm) <input type="checkbox"/>	b. Existing Small (0.03 mg/dscm) ----- <input type="checkbox"/>
c. New (0.015 mg/dscm) ----- <input type="checkbox"/>	d. Alternative Standard for existing facilities <input type="checkbox"/> (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)

2. **Decorative Chromium Plating/Anodizing**

a. Chromic Acid Bath	1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- <input type="checkbox"/>
	2) Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- <input type="checkbox"/> (May only be selected if a wetting agent is used.)
b. Trivalent Chromium Bath	1) With wetting agent ----- <input checked="" type="checkbox"/>
	2) Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) <input type="checkbox"/>
c. Chromium Anodizing	1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- <input type="checkbox"/>
	2) Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- <input type="checkbox"/> (May only be selected if a wetting agent is used.)

PART III: CONTROL TECHNOLOGY – Rule 62-213.300 FAC

(Select control device)

DEVICE IN USE?

- | | |
|--|---|
| 1. <input type="checkbox"/> Composite Mesh Pad ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. <input type="checkbox"/> Packed Bed Scrubber ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent ----- | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Has the facility conducted an initial performance test to establish monitoring parameters? Yes No N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING/REPORTING REQUIREMENTS – Rule 62-213.300(3)

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* ----- Yes No N/A
2. Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* ----- Yes No N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ----- Yes No
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Yes No
5. Results of all performance tests. ----- Yes No N/A
6. Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* ----- Yes No N/A

Composite Mesh Pad

Measure the pressure drop across the CMP daily. ----- Yes No

Packed Bed Scrubber

Measure the pressure drop across the PBS and the inlet velocity daily. ----- Yes No

Fiber-Bed Mist Eliminator

Measure the pressure drop across the FBME and the upstream device daily. --- Yes No

Packed Bed Scrubber/Composite Mesh Pad

Measure the pressure drop across the CMP daily. ----- Yes No

Foam Blanket Fume Suppressant

Measure the foam blanket thickness at the appropriate interval.. ----- Yes No

Fume Suppressant w/ Wetting Agent

Measure the surface tension at the appropriate interval. ----- Yes No

7. Purchase records of wetting agent components. ----- Yes No N/A
8. Records of the date and time that fume suppressants are added to the bath. ---- Yes No N/A
9. Records of rectifier capacity, if used to determine facility size. ----- Yes No N/A
10. Records of the total process operating time. ----- Yes No
11. Records identifying specific periods of excess emissions. ----- Yes No
12. Startup, Shutdown & Malfunction Plan. ----- Yes No

Elizabeth F.Susky

05/26/2011

Inspector's Name (Please Print)

Date of Inspection

05/26/2011

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: In a compliance inspection conducted on 05/26/2011, AQD staff (E.Susky) observed operations at R and H Plating. Mr. Felix Reynoso (owner) was present for the inspection and Mr. Gustavo Martinez (shop manager) accompanied staff on the inspection. The facility housekeeping is very good. Mr. Martinez keeps accurate records of the fume suppressant application and had the records available for inspection.