



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0951279	DATE: <u>9/7/2012</u>	ARRIVE: <u>10:00</u>	DEPART: <u>10:30</u>
FACILITY NAME: INDUSTRIAL HARD CHROME			
FACILITY LOCATION: 2127 W PINE ST ORLANDO 32805-2100			
OWNER/AUTHORIZED REPRESENTATIVE: ERIC LONG		PHONE: (407)648-7011	
Email:		Mobile:	
CONTACT NAME: Eric Long		PHONE:	
Email:		Mobile:	
ENTITLEMENT PERIOD: 10/9/2009 / 10/9/2014 (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 checked="" 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 checked="" type="checkbox"/> (May only be selected if a wetting agent is used.)
b. Trivalent Chromium Bath	1) With wetting agent ----- <input 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 checked="" type="checkbox"/> No |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. <input type="checkbox"/> Packed Bed Scrubber ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant ----- | <input type="checkbox"/> Yes <input checked="" 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

Assefa Hailemariam

9/7/2012

Inspector's Name (Please Print)

Date of Inspection

~9/7/2013

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: The facility was found to be in compliance with their air permit and all records kept according to the air permit. During the inspection the chromic acid bath was not operating. No odor was noticed.