



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0951287 **DATE:** 4/6/2010 **ARRIVE:** 09:00 **DEPART:** 09:30
FACILITY NAME: ORLANDO PLATING COMPANY
FACILITY LOCATION: 601 N ORANGE BLOSSOM TR
ORLANDO 32805-1439
OWNER/AUTHORIZED REPRESENTATIVE: CURTIS CLARK **PHONE:** (321)239-2068
CONTACT NAME: **PHONE:**
ENTITLEMENT PERIOD: /
(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) ☐ b. **Existing Small** (0.03 mg/dscm) ----- ☐
c. **New** (0.015 mg/dscm) ----- ☐ d. **Alternative Standard** for existing facilities ☐
(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) ----- ☐
2) Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- ☒
(May only be selected if a wetting agent is used.)
- b. **Trivalent Chromium Bath**
1) With wetting agent ----- ☒
2) Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- ☐
- c. **Chromium Anodizing**
1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- ☐
2) Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- ☐
(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 checked="" 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

Assefa Hailemariam

4/6/2010

Inspector's Name (Please Print)

Date of Inspection

~4/2011

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Facility was in compliance during that was performed on this date.Facility appeared to be in good work condition.
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