



HUMAN CREMATORY COMPLIANCE INSPECTION CHECKLIST



Environmental Compliance

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

FACILITY: Richard E. Sorensen Funeral Home, Inc. DBA/Site Name: Gee & Sorensen Funeral Home and Cremation Services ADDRESS: 3180 30th. Avenue North St. Petersburg, FL ARMS NO: 1030516 001 PERMIT NO: 1030516-002-AG DISTRICT: Southwest CONTACT PHONE: 727-323-5111 Expiration Date: 5/10/2012 Renewal Date: 4/10/2012 Test Date: 7/15/2000

EMISSION UNIT DESCRIPTION: Human Crematory: B&L Systems, Model Phoenix II-1. Must operate at 1,600 degrees F. in the secondary chamber. Nominal batch weight of 300 pounds. Larger weights require special operating procedures.

INSPECTION DATE: 10/11/10 INSPECTION COMPLIANCE STATUS (check [ ] only one box) [X] In Compliance; [ ] Minor Non-Compliance; [ ] Significant Non-Compliance

PART I: General Review:

- 1. Permit File Review [X] Yes [ ] No
2. Introduction and Entry [X] Yes [ ] No
Comments: This emission unit was inspected to determine the annual compliance status. I met with the crematory owner, Mr. Richard Sorensen for the inspection of the facility and emission unit.
3. Is the Authorized Representative still Richard Sorensen? [X] Yes [ ] No
Comments: Mr. Sorensen stills the Authorized Representative for the facility.
4. Is the facility contact still Richard Sorensen? [X] Yes [ ] No
Comments: Mr. Sorensen stills the facility contact.
5. If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days? [ ] Yes [X] No [62-210.310(2)(d), F.A.C.]

PART II: TESTING REQUIREMENTS - Rule 62-296.401(5), F.A.C. (check [ ] appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Compliance Demonstration [62-296.401(5)(h), F.A.C.]

- 1. [ ] New Facility / [ ] New Process Equipment- Did this facility demonstrate initial compliance no later than 30 days after beginning operation?----- [ ] Yes [ ] No
2. [X] Existing Facilities Was an annual visible emissions compliance test conducted on each crematory unit for each calendar year: ----- [X] Yes [ ] No
Test Reports
1. Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period? [62-296.401(5)(b)I., F.A.C.]----- [X] Yes [ ] No
The last visible emission test resulted in an opacity of \_\_0\_\_% for the highest six minute average.
2. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [62-296.401(5)(g)] [X] Yes [ ] No
3. Was the department notified at least 15 days prior to the test? [62-297.310(4)(a)9. F.A.C.]----- [X] Yes [ ] No
4. Was the required test report filed with the department as soon as practical, but no later than 45 days after the test was completed? [62-297.310(8)(b) ----- [X] Yes [ ] No
5. Was the facility visible emissions test(s) conducted according to EPA Method 9? [62-297.401(9)(c), F.A.C]----- [X] Yes [ ] No

**PART II: TESTING REQUIREMENTS – Rule 62-296. 401(5), F.A.C.**  
 (check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

6. Was a visible emissions test(s) conducted by the inspector during this site visit according to EPA Method 9?-----  Yes  No  
 a) The visible emission test resulted in an opacity of \_\_\_n/a\_\_\_% for the highest six minute average.  
 b) Did the test indicate the facility is operating in compliance with the opacity standard? -----  Yes  No
7. Is there any reason to ask for a special test to determine compliance with the PM and CO standards? -----  Yes  No

**PART III: OPERATING/RECORDKEEPING REQUIREMENTS**  
 (check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

1. Were there any objectionable odor(s) detected? -----  Yes  No  
 An upwind/downwind survey of the facility was conducted. The observed parameters were:  
 Downwind odor level detected- 0\_\_\_; Wind direction - E\_\_\_ Upwind odor level detected-0\_\_\_ (1-10)
2. **Continuous Monitoring System** – [62-296.401(5)(i), F.A.C.]
- 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  1,800<sup>1</sup>  1,600<sup>2</sup> degrees was determined? -----  Yes  No
- c) Are the following records kept on file, available for inspection for at least two years following the recording of such measurements, maintenance, reports and records?
- 1) All temperature measurements -----  Yes  No
- 2) All continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations -----  Yes  No
- 3) All CEMS or monitoring device calibration checks (last performed on ( 6/14/10 ) -----  Yes  No
- 4) Adjustments -----  Yes  No
- 5) Preventive maintenance performed on systems/devices -----  Yes  No
- 6) Corrective maintenance performed on systems/devices -----  Yes  No
- 7) 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 -----  Yes  No
- 8) Are all the above records available for at least 2 years?-----  Yes  No
- a) Date range for records reviewed: From: \_\_8-1-09\_\_ To: \_\_10-11-10\_\_
- 9) Was the crematory unit installed after 2/1/07? If yes, go to 9) a) – c)-----  Yes  No
- a) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement? -----  Yes  No
- b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity? -----  Yes  No
- c) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer’s recommended maintenance schedule? -----  Yes  No
- 1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89
3. Was this crematory unit application to construct: [62-296.401(5)(c), F.A.C.] (check only one  box)
- a)  **BEFORE** August 30, 1989? (If this box checked, continue on to #4 and skip #5)
- b)  **ON** or **AFTER** August 30, 1989? (If this box checked, skip #4 and continue on to #5)
4. If the application to construct was **BEFORE** August 30, 1989 is the:
- a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ **1600°F**? -----  Yes  No
- b) actual operating temperature of the secondary chamber combustion zone no less than **1400°F** throughout the combustion process in the primary chamber? -----  Yes  No
- c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature is equal to or greater than **1400°F**? -----  Yes  No
5. If the application to construct **ON** or **AFTER** August 30, 1989 is the:
- a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time @ **1800°F**? -----  Yes  No
- b) actual operating temperature of the secondary chamber combustion zone no less than **1600°F** throughout the combustion process in the primary chamber? -----  Yes  No
- c) secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? -----  Yes  No

**PART III: OPERATING/RECORDKEEPING REQUIREMENTS**

(check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

- 6. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies, as demonstrated by MSD sheet? -----  Yes  No  
     [62-296.401(5)(d), F.A.C.]
  - a) If the answer to question 6 above is YES, is certifying documentation from the manufacturer that they are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of their use and for at least two years after their use? -----  Yes  No
  - b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location? -----  Yes  No

**PART IV: Equipment Maintenance**

(check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

**Equipment Maintenance:** – [62-296.401(5)(e), F.A.C.]

- 1. Is the crematory unit maintained in accordance with the manufacturer’s specifications? -----  Yes  No
- 2. Are there maintenance/repair/adjustment records kept onsite for at least 2 years? -----  Yes  No
- 3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? -----  Yes  No
- 4. Does the crematory allow for a visible check on the flame characteristics?-----  Yes  No  
     If yes go to 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 V: Special Conditions And Procedures**

(check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

**Administrative Changes:**

- 1. Were there any change 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? [62-210.310(2)(d), F.A.C.] -----  Yes  No

**Permit Effective Period** – [62-210.310(3)(a), F.A.C.]

- 1. Is the general permit for this facility still within the 5 year effective period? -----  Yes  No
- 2. Did the facility submit the new re-registration form at least 30 days prior to permit expiration? -----  Yes  No

**New or Modified Process Equipment or Change in Ownership** - [62-210.310 (2)(b)2, F.A.C]

- C.. Since the last registration form submittal has there been
  - 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 of the answers to 1a) – 1d) is **Yes** to any, a new registration form and appropriate fee should have been submitted 30 days prior to the change.-----  Yes  No

**Noncompliance Notice:** - [62-210.310(3)(i), F.A.C.]

- 1. Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit? -----  Yes  No  
     If the answer is **Yes**, proceed to a) and b).
  - a) Did the owner or operator provide immediate notification to the Department? -----  Yes  No
  - b) Did the notification include:
    - 1. A description of and cause of noncompliance?-----  Yes  No
    - 2. Dates and times of noncompliance; or if not corrected, the anticipated time noncompliance is expected to continue

and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance? -----  Yes  No

**PART VI: Comments**

*An AQD VE test was not performed because the emission unit was not in operation.*

*Reviewed temperature charts for the months of 8/01/2009 through 10/11/2010 indicated emission unit in compliance.*

*Certifying documentation from the manufacturer that they are composed of 0.5% or less by weight chlorinated plastic was kept onsite. The emission unit was calibrated on 6-14-10. See attached calibration data sheets.*

*Exit Interview: During the closing conference, I informed Mr. Richard Sorensen, facility appears to be in compliance at this time.*

Mike Ojo Thomas \_\_\_\_\_

**Inspector's Name**

10/11/10 \_\_\_\_\_

**Date of Inspection**

\_\_\_\_\_  
**Inspector's Signature**

\_\_\_\_\_  
**Approximate Date of Next Inspection**

H:\users\wpdocs\airqual\Air\_Compliance\AQI\1030516 001 75671.doc