

## **HUMAN CREMATORY**



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)		
RE-INSPECTION (FUI) ARMS COMPLAINT NO:		
AIRS ID#: 0130010 DATE: <u>05/29/2008</u> ARRIVE: <u>10:30am</u> DEPART: <u>11:00a</u>	<u>ım</u>	
FACILITY NAME: PEAVY FUNERAL HOME OMEGA CREMATORY		
FACILITY LOCATION: 20367 NE Evans Ave		
BLOUNTSTOWN 32424		
OWNER/AUTHORIZED REPRESENTATIVE: MARLON PEAVY PHONE: (850)674-2266		
CONTACT NAME: Marlon Peavy PHONE:		
ENTITLEMENT PERIOD: 6/1/2007 / 6/1/2012 (effective date) (end date)		
(Site and ) (Site and )		
PART I: <u>INSPECTION</u> <u>COMPLIANCE</u> <u>STATUS</u> (check ✓ only one box)		
☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE	E	
PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.		
(check <b>☑</b> appropriate box(es))		
<ol> <li>Were there any objectionable odor(s) detected?</li> <li>Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter</li> </ol>	∑ Yes ☐ No	
62-297, F.A.C.)?	□Yes ⊠ No	
days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date?	<u> </u>	
(Rule 62-296.401(5)(i), F.A.C.)	⊠Yes □ No	
completed within 60 days prior to the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.) a) Carbon Monoxide (CO) emissions equal to or below the requirements of 100 parts per million by	⊠Yes □No	
volume, dry basis, corrected to 7% O <sub>2</sub> on an hourly average basis and tested according to EPA Method	Mar I ni.	
10 (Ref.: Chapter 62-297, F.A.C.)?b) Oxygen test performed according to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)?	⊠Yes □ No ⊠Yes □ No	
c) Particulate matter emissions test with results equal to or below the requirements of 0.080 grains per dry standard cubic foot (ft <sup>3</sup> )of flue gas, corrected to 7% O <sub>2</sub> and tested according to EPA Method 5		
(Ref.: Chapter.62-297, F.A.C.)?  5. Was all emissions testing conducted with the source operating at the manufacturers recommended	⊠Yes □ No	
capacity?	⊠Yes ☐ No	
6. Was CO & PM compliance demonstrated by submission of a test report for an identical crematory unit?  7. Was the Department notified at least 15 days prior to the date of the last formal compliance test?	⊠Yes □ No ⊠Yes □ No	
8. Was the required test report filed with the Department as soon as practical, but no longer than 45 days after the test was completed?	er Yes   No	

PART III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))	
1. Is there <b>Continuous Emissions Monitoring System</b> (CEMS) equipment installed on each unit to record	temperatures in the
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber co	ombustion zone in
accordance with the manufacturer's instructions?	
a) Do temperature probes seem to be properly placed?	
b) Are the following records kept on file, available for inspection for at least two years following the re	
measurements, maintenance, reports and records?	cording of such
1) All measurements (including CEMS)	⊠Yes □ No
2) Monitoring device	⊠Yes ☐ No
3) Performance Testing Measurements	
4) CEMS Performance Evaluation	
5) All CEMS or monitoring device calibration checks	
	Yes ∐ No
7) Preventive maintenance performed on systems/devices	
8) Corrective maintenance performed on systems/devices	⊠Yes ☐ No
2. Was this crematory unit constructed: (check only one <b>box</b> )	
a) BEFORE August 30, 1989? (If this box checked, continue on to #3 and skip #4)	
b) ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)	
3. If constructed <b>BEFORE</b> 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 <b>1400°F</b> ?	⊠Yes □ No
d) required monitoring equipment installed and operational, and providing continuous monitoring to	
record the temperature at the point or beyond where 1.0 second gas residence time is obtained in the	
secondary chamber combustion zone according to the manufacturer's instructions?	⊠Yes ☐ No
4. If constructed <b>ON</b> or <b>AFTER</b> August 30, 1989 is the:	
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence times.	ne
@ 1800° F?	Yes No
b) the actual operating temperature of the secondary chamber combustion zone no less than 1600°F	
	□Yes □ No
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic	
process begins in the primary chamber?	∏Yes ∏ No
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated	
plastics used during the cremation of dead human bodies?	⊠Yes □ No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that the	
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of	j f
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
6. Have all crematory operators been trained and certified by a Department-approved training program?	Yes ☐ No
a) Are copies of the training certificates for all crematory operators kept on file at the facility for the du	
of the operator's employment & for an additional two years after termination of employment?	⊠Yes ☐ No

1. Since the last inspection has there been  a) installation of any new process equipment?  b) alterations to existing process equipment without  c) replacement of existing equipment substantially recent notification form?  d) If you answered YES to any of the above, did to the state of the st	out replacement?		
notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or local program office?			
Gerald Sheehan	05/09/2008		
Inspector's Name (Please Print)	Date of Inspection		
Inspector's Signature	Approximate Date of Next Inspection		
to all the records I requested. The crematory was not in operat 03/17/2008 that indicated the crematory operations were in co	Mr. Peavy accompanied me during the inspection and provided access ation during the time of my inspection, A VE test was performed on ompliance.  15/01/2007 for this facility. This permit expires on 06/01/2012.		