OWNERTAL PROTECTION	
Star Martin	
FLORIDA	

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI) ARMS COMPLAINT NO:	
AIRS ID#: 0910096 DATE: <u>11/17/08</u> ARRIVE: <u>10:15 am</u> DEPART: <u>11:05 ar</u>	<u>m</u>
FACILITY NAME: MCLAUGHLIN MORTUARY	
FACILITY LOCATION: 17 Chestnut Ave SE	
FORT WALTON BEACH 32548-5606	
OWNER/AUTHORIZED REPRESENTATIVE: KEVIN FARRIS PHONE: (850)244-5163	
CONTACT NAME: Nicole Johnson PHONE:	
ENTITLEMENT PERIOD: 3/1/2007 / 3/1/2012 (effective date) (end date)	
PART I: <u>INSPECTION</u> <u>COMPLIANCE</u> <u>STATUS</u> (check \square only one box)	
IN COMPLIANCE IMINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE	
(check ☑ appropriate box(es))	
 Were there any objectionable odor(s) detected? [Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 	Yes No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? [□Yes □ No □Yes ⊠ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? [3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? 	
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	 □Yes ⊠ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	□Yes □ No □Yes □ No □Yes □No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? [3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(5)(i), F.A.C.) [4. In order to demonstrate individual source compliance were the remaining applicable standards testing 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 volume, dry basis, corrected to 7% O₂ on an hourly average basis and tested according to EPA Method 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
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? [3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(5)(i), F.A.C.) [4. In order to demonstrate individual source compliance were the remaining applicable standards testing 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 volume, dry basis, corrected to 7% O₂ on an hourly average basis and tested according to EPA Method 10 (Ref.: Chapter 62-297, F.A.C.)? [b) Oxygen test performed according to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)? [c) Particulate matter emissions test with results equal to or below the requirements of 0.080 grains per dry standard cubic foot (ft³) of flue gas, corrected to 7% O₂ and tested according to EPA Method 5 	□Yes □ No □Yes □ No □Yes □No □Yes □ No □Yes □ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	□Yes □ No □Yes □ No □Yes □No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	□Yes No □Yes No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	□Yes No

PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))

1. Is there Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to record	
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber co	
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	cording of such
measurements, maintenance, reports and records?	
1) All measurements (including CEMS)	⊠Yes ∐ No
2) Monitoring device	Xes 🗌 No
3) Performance Testing Measurements	Yes 🗌 No
4) CEMS Performance Evaluation	Yes 🗌 No
5) All CEMS or monitoring device calibration checks	Yes 🗌 No
6) Adjustments	Yes 🗌 No
7) Preventive maintenance performed on systems/devices	Yes 🗌 No
8) Corrective maintenance performed on systems/devices	🛛 Yes 🗌 No
2. Was this crematory unit constructed: (check only one ☑ box)	
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 <u>BEFORE</u> 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
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 ON on AFTED Account 20, 1080 is the	
 4. If constructed <u>ON</u> or <u>AFTER</u> August 30, 1989 is the: a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence tir 	
 a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence in @ 1800° F? 	\square Yes \square No
b) the 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 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 o	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?	\square Yes \square 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?	\boxtimes Yes \square No
or the operator's employment & for an additional two years after termination or employment?	

PART IV: <u>SPECIAL</u> <u>CONDITIONS</u> <u>AND</u> <u>PROCEDURES</u> – Rule 62-296.401, F.A.C. A. New or Modified Process Equipment

A. <u>New or Modified Process Equipment</u>		
1. Since the last inspection 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 substantially different than that not recent notification form? 		
d) If you answered <u>YES</u> to any of the above, did the owner submit a new	v and complete	
notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the a	ppropriate DEP or	
local program office?	Yes No	
2. If a crematory unit has been modified to the extent that a Department air co	onstruction permit	
was required, have all operators been retrained to operate the modified uni	it?	
3. In the case of new or modified equipment, where a Department air constru-	iction permit was	
required, has the owner submitted copies of all operator training certificate	es? Yes No	
a) submitted within the 15 day required window following the training?	Yes No	

Greg Landry

Inspector's Name (Please Print)

11/17/08

Date of Inspection

11/17/09

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Crematory was not operating at the time of inspection. Records were well maintained and up to date.