

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION (FUI) ARMS COMPLAINT NO:		
AIRS ID#: 0370012 DATE: 2/26/2009 ARRIVE: DEPART:		
	•	
FACILITY NAME: FRANKLIN COUNTY ANIMAL CONTROL		
FACILITY LOCATION: 210 Hwy 65 East		
EAST POINT 33773		
OWNER/AUTHORIZED REPRESENTATIVE: VAN JOHNSON PHONE: (850)670-8167		
CONTACT NAME: PHONE:		
ENTITLEMENT PERIOD: 4/26/2007 / 4/26/2012 (effective date) (end date)	-1	
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box)		
☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE	3	
(check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	☐ Yes	⊠ No
 (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 62-297, F.A.C.)?	☐ Yes	
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	□Yes Rule	⊠ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	□Yes Rule □Yes	⊠ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	□Yes Rule □Yes	⊠ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	□Yes Rule □Yes □Yes	№ No№ No□No□ No
 Were there any objectionable odor(s) detected?	□Yes Rule □Yes □Yes	№ No№ No□No□ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	□Yes Rule □Yes □Yes □Yes □Yes □Yes	№ No№ No□No□ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	□Yes Rule □Yes □Yes □Yes □Yes □Yes □Yes	NoNoNoNoNoNoNo
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	□Yes Rule □Yes □Yes □Yes □Yes □Yes □Yes □Yes □Y	No No No No No No No No

(check ☑ appropriate box(es))	
1. Is there Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to reco	ord temperatures in the
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber	r combustion zone in
accordance with the manufacturer's instructions?	⊠Yes □ No
a) Do temperature probes seem to be properly placed?	⊠Yes ∐ No
b) 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 measurements (including CEMS)	⊠Yes □ No
2) Monitoring device	⊠Yes ☐ 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 BEFORE August 30, 1989 is the:	
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F	? LYes L 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 temperatu	re
is equal to or greater than 1400°F?	Yes No
d) required monitoring equipment installed and operational, and providing continuous monitoring to	1
record the temperature at the point or beyond where 1.0 second gas residence time is obtained in t	he
secondary chamber combustion zone according to the manufacturer's instructions?	Yes No
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	time
@ 1800° F?	⊠Yes ☐ No
b) the actual operating temperature of the secondary chamber combustion zone no less than 1600°F	⊠Yes □ No
throughout the combustion process in the primary chamber?	
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the crema	ation XYes \(\sum \) No
process begins in the primary chamber?	⊠Yes □ No
5. Are appropriate leak-proof containings no more than 0.5 % (percent) by weight chlorinated	XYes No
plastics used during the cremation of dead animals?a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that	Mies 140
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration	oney Sof
their use and for at least two years after their use?	Yes No
b) If plastic bags are used for the cremation of animals are they non-chlorinated and no less than 3 m	ile
thick?	∐Yes ∐ No
thick?c) Are dead animals, which have been used for medical or commercial experimentation, or other	L 102 L 140
materials, including biomedical wastes (Rule 62-210.200, F.A.C.), incinerated at this location?	- 🗀 Yes 🗌 No
6. During this review period, was the largest batch load cremated 500 pounds per hour or less?	- ⊠Yes □ No
7. Have all crematory operators been trained and certified by a Department-approved training program?	- Yes No
a) Are copies of the training certificates all crematory operators kept on file at the facility for the dur	ration
of the operator's employment & for an additional two years after termination of employment?	- Yes No
the the thermal 3 cilibrations of for all additional two loans are community of ambitivities	EN 7 40 ET 740

PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> Ro A. <u>New or Modified Process Equipment</u>	ule 62-296.401, F.A.C.				
 Since the last inspection has there been a) installation of any new process equipment? b) alterations to existing process equipment without replace or replacement of existing equipment substantially differ recent notification form? d) If you answered <u>YES</u> to any of the above, did the own notification form and appropriate fee (Rule 62-4.050, local program office? If a crematory unit has been modified to the extent that a D was required, have all operators been retrained to operate the case of new or modified equipment, where a Department of the case of new or modified equipment, where a Department of the case of the owner submitted copies of all operator than a) submitted within the 15 day required window following 	acement? ent than that noted on the most ener submit a new and complete F.A.C.) to the appropriate DEP or expertment air construction permit the modified unit? ment air construction permit was aining certificates?	☐Yes☐Yes☐Yes☐Yes☐Yes☐☐Yes☐☐Yes☐☐Yes☐☐Ye	⊠No ⊠No ⊠No □No □No □No		
Tracy White	2/26/2009				
Inspector's Name (Please Print)	Date of Inspection				
Twa White	6-12 months				
Inspector's Signature	Approximate Date of Next Inspecti	ion			
COMMENTS:	Water Water Williams				
I met with Fonda Davis and Albert Floyd, crematory operator.					
Mr. Floyd assisted with the inspection. Records/temperature charts since the last inspection were available and maintained. The inspector recalls Mr. Floyd stating that the facility now had the manufacturer's data for the bags, however I did not obtain a copy (see recommedations).					
I observed the cremation unit. It appeared to be the same machine/model as last time. The unit was not in operation.					
Department computer records indicate the last compliance test on 7/24/2007. Annual testing apparently is past due. Annual testing was not performed for year 2008.					
Recommendations:					
Please fax or email a copy of the manufacturer's data sheet for the body containers (bags).					
The facility appears to be in a non-compliant status for failure to conduce annual compliance testing (year 2008). Please perform a					

current test.