

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

	ANNUAL (INS1, INS2)	COMPLAINT/DISCO	VERT (CI)		
	RE-INSPECTION (FUI)	ARMS COMPLAINT	NO:		
AIRS ID#: 0112701 DA	TE: <u>09/19/2008</u>	ARRIVE: <u>1.00</u>	DEPART:		
FACILITY NAME: CELESTIAL CREMATIONS, LLC.					
FACILITY LOCATION	N: 2431 SW 56th Ter				
	WEST PARK 33023-	-4020			
OWNER/AUTHORIZED REPRESENTATIVE: THOMAS NICOLETTE PHONE: (954)518-8000					
CONTACT NAME:		PHO	ONE:		
ENTITLEMENT PERIO	OD: 2/11/2008 / 2/11/201 (effective date) (end date)	3			
☐ IN COMPLIAN	CE MINOR Non-COM	•	CANT Non-COMPLIANCE	E	
PART II: TESTING/RE	CORDKEEPING REQUIRE	MENTS _ Rule 62-296 401	FAC		
PART II: TESTING/RE (check ☑ appropriate	ECORDKEEPING REQUIRE te box(es))	EMENTS – Rule 62-296.401	, F.A.C.		
(check ☑ appropriated appropriated 1. Were there any obtains	te box(es)) ojectionable odor(s) detected?			☐ Yes ⊠ No	
 (check ☑ appropriate Were there any obe Was a visible emine 62-297, F.A.C.)?- 	te box(es)) pjectionable odor(s) detected? ssions test conducted during thi	s site visit according to EPA	Method 9 (Ref.: Chapter	☐ Yes ⊠ No	
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(check ☑ appropriate box(es))	
1. Is there Continuous Emissions Monitoring System (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	
accordance with the manufacturer's instructions?	
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 re	cording 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
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)	
. 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?	☐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 $1400^{\circ}F$?	☐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
. If constructed 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) 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 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
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

PART IV: SPECIAL CONDITIONS AND PROCEDURI A. New or Modified Process Equipment	ES – Rule 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 or replacement of existing equipment substantiall recent notification form? d) If you answered <u>YES</u> to any of the above, did 	out replacement?
notification form and appropriate fee (Rule 62-local program office? 2. If a crematory unit has been modified to the extent was required, have all operators been retrained to o 3. In the case of new or modified equipment, where a required, has the owner submitted copies of all ope a) submitted within the 15 day required window for	that a Department air construction permit perate the modified unit?
Courtney Pitters	09/19/2008
Inspector's Name (Please Print)	Date of Inspection
	09/19/2008
Inspector's Signature	Approximate Date of Next Inspection

COMMENTS: The facility is currently undergoing construction: walls were either being constructed or torn down. Observing through the glass door only sheet rock work was being constructed. No crematory equipment was seen during the inspection.