

## **HUMAN CREMATORY**



## COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: 0112701 DATE: 7/23/2009  ARRIVE: 930  DEPART: 1030  FACILITY NAME: CELESTIAL CREMATIONS, LLC.  FACILITY LOCATION: 2431 SW 56th Ter	INSPECTION TYPE:	ANNUAL (INS1, INS2)	COMPLAINT/DISCO	OVERY (CI)			
FACILITY NAME: CELESTIAL CREMATIONS, LLC.  FACILITY LOCATION: 2431 SW 56th Ter  WEST PARK 33023-4020  OWNER/AUTHORIZED REPRESENTATIVE: THOMAS NICOLETTE PHONE: (954)518-8000  CONTACT NAME: PHONE:  ENTITLEMENT PERIOD: 2/11/2008 / 2/11/2013 (effective date) (end date)  PART I: INSPECTION COMPLIANCE STATUS (check only one box)  IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE  PART II: TESTING/RECORDKEEPING REQUIREMENTS - Rule 62-296.401, F.A.C. (check of appropriate box(es))  1. Were there any objectionable odor(s) detected?————————————————————————————————————		RE-INSPECTION (FUI)	ARMS COMPLAINT	NO:			
WEST PARK 33023-4020  OWNER/AUTHORIZED REPRESENTATIVE: THOMAS NICOLETTE PHONE: (954)518-8000  CONTACT NAME: PHONE:  ENTITLEMENT PERIOD: 2/11/2008 / 2/11/2013 (effective date) (end date)  PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box)  ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE  PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))  1. Were there any objectionable odor(s) detected? ☐	<b>AIRS ID#:</b> 0112701 <b>D</b> A	ATE: <u>7/23/2009</u>	ARRIVE: <u>930</u>	DEPART: <u>1030</u>			
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5. Was all emissions testing conducted with the source operating at the manufacturers recommended capacity?	PART II: TESTING/RI	ECORDKEEPING REQUIRATE box(es))	REMENTS – Rule 62-296.401	1, F.A.C.			

check <b>☑</b> appropriate box(es))	
1. Is there <b>Continuous Emissions Monitoring System</b> (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 chambe	
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	e 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	
5) All CEMS or monitoring device calibration checks	Yes No
6) Adjustments	<u>U</u> Yes <u>U</u> 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 <b>☑</b> 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 <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	??
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	
is equal to or greater than $1400^{\circ}F$ ?	
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	
secondary chamber combustion zone according to the manufacturer's instructions?	Yes No
. 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	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 crem	ation
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	they
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration	n 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 a	
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	
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	<u>ES</u> – Rule 62-296.401, F.A.C.			
<ol> <li>Since the last inspection has there been</li> <li>a) installation of any new process equipment?</li> <li>b) alterations to existing process equipment without or replacement of existing equipment substantially recent notification form?</li> <li>d) If you answered <u>YES</u> to any of the above, did to the following form the f</li></ol>	out replacement?			
notification form and appropriate fee (Rule 62-local program office?	that a Department air construction permit operate the modified unit?			
CPitters	7/23/2009			
Inspector's Name (Please Print)	Date of Inspection			
	7/23/2010			
Inspector's Signature	Approximate Date of Next Inspection			
COMMENTS: No equipment has been installed at this facility as of 7/23/2009.				