ANIMAL CREMATORY

COMPLIANCE INSPECTION CHECKLIST

Environmental Compliance

INSPECTION TYPE: ANNUAL (INS1, INS2) ☐ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO: _____

FACILITY: SPCA Tampa Bay **DBA/Site Name:**	**DISTRICT:** Southwest
ADDRESS: 9099 130th Avenue North Largo, FL	**CONTACT PHONE:** 727-586-3591

ARMS NO: 1030020 001	**PERMIT NO:** **1030020-005-AG**	**Expiration Date:** 5/14/2013 **Renewal Date:** 4/14/2013 **Test Date:** 4/10/2000

EMISSION UNIT DESCRIPTION: Animal Crematory: Industrial Equipment & Engineering Company, Model IE43-PPJ with a maximum design batch load of 300 pounds. Secondary temperature maintained at 1,600 degrees F.

INSPECTION DATE: 4/23/10	***only?INSPECTION COMPLIANCE STATUS (check one box)*** ☒ In? Compliance; ☐ Minor Non-Compliance;? ☐ Significant? Non-Compliance

PART I: General Review:

1.	Permit File Review	☒Yes ☐No
2.	Introduction and Entry ***Comments: Ms .Brooks the facility contact was present during the facility inspection.***	☒Yes ☐No
3.	***Is* the Authorized Representative still Nora Hawkins?** ***Comments:*** *Ms. Nora Hawkins stills the Authorized Representative.*	☒Yes ☐No
4.	***Is* the facility contact still Connie Brooks?** ***Comments:*** *Ms. Brooks stills the facility contact.*	☒Yes ☐No
5.	**If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days?** [62-210.310(2)(d), F.A.C.]	☐Yes ☒No

PART II: TESTING REQUIREMENTS – Rule 62-296.401(6), F.A.C.
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Compliance Demonstration [62-296.401(6)(h), F.A.C.]

1. ☐ ***New Facility /*** ☐ ***New Process Equipment–***
   Did this facility demonstrate initial compliance no later than 30 days after beginning operation?---------- ☐ *Yes* ☐ *No*

2. ☒ ***Existing Facilities***
   Was an annual visible emissions compliance test conducted on each crematory unit for each calendar year? ---- ☒ *Yes* ☐ *No*

Test Reports

1. *Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity,* six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period. *limit? [62-296.401(6)(b)1., F.A.C.]*---------- ☒ *Yes* ☐ *No*
   The last visible emission test resulted in an opacity of __0_% for the highest six minute average.

2. *Was the test conducted with the unit operating at* a capacity that is representative of normal operations and is not greater than the manufacturer's recommended capacity? *[62-296.401(6)(g)]* ---------- ☒ *Yes* ☐ *No*

3. *Was the department notified at least 15 days prior to the test? [62-297.310(4)(a)9. F.A.C.]*---------- ☒ *Yes* ☐ *No*

4. *Was the required test report filed with the department as soon as practical, but no later than 45 days after the test was completed? [62-297.310(8)(b)* ---------- ☒ *Yes* ☐ *No*

PART II: TESTING REQUIREMENTS – Rule 62-296.401(6), F.A.C.
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

5. *Was the facility visible emissions test(s) conducted according to EPA Method 9? [62-297.401(9)(c), F.A.C]------* ☒ *Yes* ☐ *No*

6. *Was a visible emissions test(s) conducted by the inspector during this site visit according?* ---------- ☐ *Yes* ☒ *No*
   a) *The visible emission test resulted in an opacity of __n/a___% for the highest six minute average.*
   b) *Did the test indicate the facility is operating in compliance with the opacity standard?* ---------- ☐ *Yes* ☐ *No*

7. *Is there any reason to ask for a special test to determine compliance with the PM and CO standards?* ---------- ☐ *Yes* ☒ *No*

PART III: OPERATING/RECORDKEEPING REQUIREMENTS
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

1. *Were there any objectionable odor(s) detected?* ---------- ☐ *Yes* ☒ *No*
   An upwind/downwind survey of the facility was conducted. The observed parameters were:
   Downwind odor level detected- ***0*** *__; Wind direction -* ***W*** *____ Upwind odor level detected-****0*** *_____ (1-10)*

2. ***Continuous Monitoring System*** *– [62-296.401(6)(i), F.A.C.]*
   a) *Is a continuous temperature monitoring system installed on each unit to record temperatures in the secondary chamber in accordance with the manufacturer's instructions?* ---------- ☒ *Yes* ☐ *No*
   b) *Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at* ☐ *1,800[1]* ☒ *1,600[2] degrees was determined?* ---------- ☒ *Yes* ☐ *No*
   c) *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 temperature measurements* ---------- ☒ *Yes* ☐ *No*
      2) *all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations* ---------- ☒ *Yes* ☐ *No*
      3) *All CEMS or monitoring device calibration checks (last performed on (11/15/08))* ---------- ☒ *Yes* ☐ *No*
      4) *Adjustments* ---------- ☒ *Yes* ☐ *No*
      5) *Preventive maintenance performed on systems/devices* ---------- ☒ *Yes* ☐ *No*
      6) *Corrective maintenance performed on systems/devices* ---------- ☒ *Yes* ☐ *No*
      7) *Are the temperature charts properly documented with operator name, operator indication of when cremation in the primary chamber was begun, date, time, and temperature markings* ---------- ☒ *Yes* ☐ *No*
      8) *Are all the above records available for at least 2 years?* ---------- ☒ *Yes* ☐ *No*
         a) Date range for records reviewed: From: ***6/1/09*** *To:* ***4/23/10***
      9) *Was the crematory unit installed after 2/1/07? If yes, go to 9) a) – c)* ---------- ☐ *Yes* ☒ *No*
         a) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement? ---------- ☐ *Yes* ☐ *No*
         b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? ---------- ☐ *Yes* ☐ *No*
         c) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? ---------- ☐ *Yes* ☐ *No*

1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89

3. *Was this crematory unit application to construct: [62-296.401(6)(c), F.A.C.]* ***(check only one □ box)***
   a) ☐ ***BEFORE*** *August 30, 1989?* ***(If this box checked, continue on to #4 and skip #5)***
   b) ☒ ***ON*** *or* ***AFTER*** *August 30, 1989?* ***(If this box checked, skip #4 and continue on to #5)***

4. *If the application to construct was* ***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°F****?* ---------- ☐ *Yes* ☐ *No*

5. *If the application to construct* ***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 cremation*

PART III: OPERATING/RECORDKEEPING REQUIREMENTS
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process begins in the primary chamber? ---------- ☒ *Yes* ☐ *No*

6. *Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies, as demonstrated by MSD sheet?* ---------- ☒ *Yes* ☐ *No*
   [62-296.401(6)(d), F.A.C.]
   a) *If the answer to question 6 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 of their use and for at least two years after their use?* ---------- ☒ *Yes* ☐ *No*
   b) *Are there any other materials, other than bedding, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location?* ---------- ☐ *Yes* ☒ *No*

PART IV: Equipment Maintenance
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Equipment Maintenance: – [62-296.401(6)(e), F.A.C.]

1. *Is the crematory unit maintained in accordance with the manufacturer's specifications?* ---------- ☒ *Yes* ☐ *No*
2. *Are there maintenance/repair/adjustment records kept onsite for at least 2 years?* ---------- ☒ *Yes* ☐ *No*
3. *Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?* ---------- ☒ *Yes* ☐ *No*
4. *Does the crematory allow for a visible check on the flame characteristics?*---------- ☒ *Yes* ☐ *No*
   If yes go to a) – b)
   a) *Was the flame characteristic visually checked at least once during each operating shift?*---------- ☒ *Yes* ☐ *No*
   b) *Was the flame adjusted when necessary?*---------- ☒ *Yes* ☐ *No*

PART V: Special Conditions And Procedures
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Administrative Changes:

1. *Were there any change in the name, address, or phone number of the facility or authorized representative not associated with a change in ownership or with a physical relocation of the facility or any emissions units or operations comprising the facility; or any other similar minor administrative change at the facility*------ ☐ *Yes* ☒ *No*
2. *If yes, did the facility provide written notification within 30 days of the change? [62-210.310(2)(d), F.A.C.]* ------ ☐ *Yes* ☐ *No*

Permit Effective Period *– [62-210.310(3)(a), F.A.C.]*

1. *Is the general permit for this facility still within the 5 year effective period?* ---------- ☒ *Yes* ☐ *No*
2. *Did the facility submit the new re-registration form at least 30 prior to permit expiration?* ---------- ☐ *Yes* ☐ *No*

New or Modified Process Equipment or Change in Ownershipt

C.. Since the last registration form submittal has there been [62-210.310 (2)(b)2, F.A.C
   a) Installation of any new process equipment? - ---------- ☐ *Yes* ☒ *No*
   b) Alterations to existing process equipment without replacement? ---------- ☐ *Yes* ☒ *No*
   c) Replacement of existing equipment with equipment that is substantially different? ---------- ☐ *Yes* ☒ *No*
   d) A change in ownership? ---------- ☐ *Yes* ☒ *No*
   If the any of the answers to 1a) – 1)d is ***Yes*** *to any, a new registration form and appropriate fee should have been submitted 30 days prior to the change.*---------- ☐ *Yes* ☐ *No*

Noncompliance Notice: *- [62-210.310(3)(i), F.A.C.]*

1. *Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit?* ---------- ☐ *Yes* ☒ *No*
   If the answer is ***Yes****, proceed to a) and b).*
   a) *Did the owner or operator provide immediate notification to the Department?* ---------- ☐ *Yes* ☐ *No*
   b) *Did the notification include:*
      1. A description of and cause of noncompliance?- ---------- ☐ *Yes* ☐ *No*

2. The period of noncompliance, including dates and times; or if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance? ---------- ☐ *Yes* ☐ *No*

PART VI: Comments

The emission unit was not in operation at the time; therefore VE test was not observed. Reviewed records for the months of 6/1/09 through 4/23/10 indicted emission unit in compliance. The emission unit was last calibrated in 11/15/08. Ms. Brooks stated the emission unit was scheduled to be calibrate in 5/10/10. I was not able to review or obtain the calibration record for last year. She stated did not have much cremation in 2009.

Exit Interview: ***During the closing conference, I informed Ms. Brooks the emission unit is deemed to be in compliance.***

Mike Ojo Thomas — **Inspector's Name**

4/23/10 — **Date of Inspection**

Inspector's Signature

Approximate Date of Next Inspection

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