

<u>HUMAN CREMATORY</u> COMPLIANCE INSPECTION CHECKLIST



INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)						
RE-INSPECTION (FUI) ARMS COMPLAINT NO:						
FA	CILITY: Eternal Rest Funeral Home	DISTRICT:				
DB	A/Site Name: Suncoast Cremator	Southwest				
ΑI	DDRESS: 2966 Belcher Road N	lorth	CONTACT PHONE:			
	Dunedin, FL		727-733-2300			
AR	RMS NO:	PERMIT NO:	Expiration Date: 9/28/12			
	1030217 001	1030217-004-AG	Renewal Date: 8/29/12 Test Date: 7/3/00			
		cinerator, Human: Industrial & Engineering 600 degree F Minimum Secondary Chambe	g Company, Model IE43-PPII Cremator.			
IN	SPECTION DATE:	INSPECTION COMPLIANCE STATUS (check □ only one box)				
(06/11/09		iance; Significant Non-Compliance			
		PART I: General Review:				
1.	Permit File Review		⊠Yes □ No			
2.	Introduction and Entry		⊠Yes □ No			
Comments: I was met on site by Tracy Scalisi (office manager). After approx. a 5 minute wait I was introduced to Michael Daniel Jackman (crematory operator). Mr. Jackman gave me a tour of the crematory spaces (retort, cooler and dry storage) then made the temperature chart recorder documentation available to me.						
3.	25 the resulting representative semi-					
4.	Comments: ✓ Is the facility contact still David Penhallegon, LFD? ☐ Yes ☒ No					
	2s the facility contact still <u>David Penhallegon, LFD</u> ?					
late March. On 06/23/09 Mr. Scalisi sent a faxed document (attached) notifying the DEM of the change of facility contact to reflect that Charles Scalisi is now the Authorized Representative and the Facility contact.						
5.	·					
PART II: <u>TESTING REQUIREMENTS</u> – Rule 62-296. 401(5), F.A.C. (check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)						
Compliance Demonstration [62-296.401(5)(h), F.A.C.] 1.						
	Test Reports					
2.	Was the test conducted with the unit ope	erating at a capacity of one (1) adult-sized cada	ver? [62-296.401(5)(g)] × Yes No			
3.	•	days prior to the test? [62-297.310(4)(a)9. F.A.				
4.						

PART II: <u>TESTING REQUIREMENTS</u> – Rule 62-296. 401(5), F.A.C. (check - appropriate bay(es) if a shaded bay is checked, this would indicate parcompliance)				
(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)				
5.	test was completed? [62-297.310(8)(b)			
٥.				
6.	Was a visible emissions test(s) conducted by the inspector during this site visit according to EPA Method 9?a) The visible emission test resulted in an opacity of% for the highest six minute average.			
	b) Did the test indicate the facility is operating in compliance with the opacity standard?			
7.	Is there any reason to ask for a special test to determine compliance with the PM and CO standards?	<u> </u> Yes	⊠ No	
	PART III: OPERATING/RECORDKEEPING REQUIREMENTS			
	(check \square appropriate box(es), if a shaded box is checked, this would indicate noncompliance	;)		
1.	Were there any objectionable odor(s) detected?An upwind/downwind survey of the facility was conducted. The observed parameters were:	Yes	⊠ No	
	Downwind odor level detected- $\underline{0}$; Wind direction - \underline{West} Upwind odor level detected- $\underline{0}$ (1-10)			
2.	Continuous Monitoring System – [62-296.401(5)(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	$\bigcap N_{O}$	
	b) Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence			
	time at $\boxtimes 1,800^1$ $\square 1,600^2$ degrees was determined?	🖂 Yes	∐ No	
	recording of such measurements, maintenance, reports and records? 1) All temperature measurements	X Yes	□ No	
	2) All continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations	\(\text{Yes} \)	\bowtie No	
	3) All CEMS or monitoring device calibration checks (last performed on ()	Yes	\bowtie No	
Se	e Comment #1			
	4) Adjustments	⊠ Vas	\square No	
	5) Preventive maintenance performed on systems/devices			
	6) Corrective maintenance performed on systems/devices			
	7) Are the temperature charts properly documented with operator name, operator indication of	Z 105		
	when cremation in the primary chamber was begun, date, time, and temperature markings	X Yes	\square No	
	8) Are all the above records available for at least 2 years?			
	9) Was the crematory unit installed after $2/1/07$? If yes go to $9 \ a) - c)$			
	a) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically			
	control combustion based on continuous in-stack opacity measurement?		\square No	
	b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity?	Yes	\square No	
	c) Has the opacity measurement system been cleaned and checked for proper operation in			
	accordance with the manufacturer's recommended maintenance schedule?	∐ Yes	\square 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(5)(c), F.A.C.] (check only one □ box) a) □ <u>BEFORE</u> August 30, 1989? (If this box checked, continue on to #4 and skip #5) b) ☑ <u>ON</u> or <u>AFTER</u> August 30, 1989? (If this box checked, skip #4 and continue on to #5)			
4.	If the application to construct was <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? b) actual operating temperature of the secondary chamber combustion zone no less than 1400°F 			
	throughout the combustion process in the primary chamber?c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature	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	
5.	If the application to construct <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			

2 of 4 Revised 05/08

PART III: OPERATING/RECORDKEEPING REQUIREMENTS					
(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance					
@ 1800° F ?					
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber?		\square 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?[62-296.401(5)(d), F.A.C.] a) If the answer to question 6 above is YES, is certifying documentation from the manufacturer that they	- 🛭 Yes	□ No			
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			
See comment # 2.					
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location?	- 🗌 Yes	⊠ No			
PART IV: <u>Equipment Maintenance</u> (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)					
Equipment Maintenance: – [62-296.401(5)(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			
See comment # 3.					
3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?	- 🛛 Yes	☐ No			
See comment # 4.					
4. Does the crematory allow for a visible check on the flame characteristics?	- Yes	⊠ No			
a) Was the flame characteristic visually checked at least once during each operating shift?b) Was the flame adjusted when necessary?					
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 2. If yes, did the facility provide written notification within 30 days of the change? [62-210.310(2)(d), F.A.C.]					
See comment # 5.					
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 Ownership					
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			

3 of 4 Revised 05/08

days, a follow-up inspection has been scheduled for 08/05/09.	is this work is scheduled to be performed within the next 50 to 15
After several follow-up phone conversations and faxes, Mr. Scalito be completed manufacturer's maintenance and calibrations. A	si has produced all of the required documentation, except for the yet
operator (ex facility contact David Penhallegon) to be current wi Scalisi apologized for the confusion in locating the necessary doc office could be made. I explained to Mr. Scalisi the need for all no that all office staff needed to know the whereabouts of said docum	s. Scalisi commented that he had relied heavily on the past crematory th these rules and record keeping responsibilities. Further Mr. ruments and requested that I wait while a thorough search of the ecessary documentation to be readily accessible for inspection and ments. I further explained that due to the complete and accurate and all DEM notifications of periods of non-compliance associated
	Mrs. Scalisi looked for the documents. Soon after Mr. Scalisi's d keeping) was in some disarray. Mr. Scalisi was eventually able to eals as well as some billing information on maintenance performed
5) The facility contact has changed. Mr. Scalisi has sent a fax, de	ocumenting this change.
4) The manufacture's operation manual was on site. This manual procedures. Mr. Jackman has since supplied more detail, via fax	
3) Records to verify the completion of the manufacture's recommandature's recommandature. Mr. Scalisi has ordered retort inspection/repairs/calib	rations to comply with this requirement.
2) The msds for all combusted items were not readily available. documents, and stated that all body bags that do not have a msds burned.	
1) The facility does not have the temperature chart recorder calib weak. Mr. Scalisi has scheduled Matthews in to perform mainten chart recorder. A follow-up to check for follow through on these	ance to the retort and calibrations of the burner firing rates and the
	: Comments
1. A description of and cause of noncompliance?2. The period of noncompliance, including dates and times; or if	not corrected, the anticipated time the noncompliance is expected to recurrence of the noncompliance? \square Yes \square No
 a) Did the owner or operator provide immediate notificatio b) Did the notification include: 	n to the Department? 🖂 Yes 🗌 No
limitation of the air general permit?	Yes □ No
Noncompliance Notice: - [62-210.310(3)(i), F.A.C.] 1. Did the facility have any instances where they were unable continuous.	omply with or will be unable to comply with any condition or
d) A change in ownership?	Yes No

4 of 4 Revised 05/08