

## **HUMAN CREMATORY**



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)	
RE-INSPECTION (FUI) ARMS COMPLAINT NO:	
AIRS ID#: 1110059 DATE: 10/22/2008 ARRIVE: 10:30 DEPART: 12:10	
FACILITY NAME: ST. LUCIE CREMATORY	
FACILITY LOCATION: 1101 S. US # 1	
FT PIERCE 34950	
OWNER/AUTHORIZED REPRESENTATIVE: JOSEPH YATES PHONE: (772)461-7000	
CONTACT NAME: Victor Hankin PHONE:	
ENTITLEMENT PERIOD: 3/8/2007 / 3/8/2012 (effective date) (end date)	
······································	
PART I: INSPECTION COMPLIANCE STATUS (check only one box)	_
IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE	3
PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))	
(check ☑ appropriate box(es))	☐ Yes ⊠ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	☐ Yes ☒ No ☒Yes ☐ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes □ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes □ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes □ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes No  Yes No  Yes No  Yes No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes No  Yes No  Yes No  Yes No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?————————————————————————————————————</li></ol>	Yes No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?————————————————————————————————————</li></ol>	Yes   No   No   No   Yes   No   No   Yes   No   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   No   Yes   No   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?————————————————————————————————————</li></ol>	Yes

PART III: OPERATING/RECORDKEEPING REQUIREMENTS - Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))			
(check in appropriate box(es))			
1. Is there Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to record t			
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?			
b) Are the following records kept on file, available for inspection for at least two years following the rec	ording of such		
measurements, maintenance, reports and records?			
1) All measurements (including CEMS)	⊠Yes □ No		
2) Monitoring device			
3) Performance Testing Measurements	⊠Yes ☐ No		
4) CEMS Performance Evaluation			
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 <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?	☐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		
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		
4. 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	ne		
@ 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	on		
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	ÿ		
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of	<b>?</b> ·		
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		

DADE IV. ODECIAL CONDITIONS AND PROCESSING	D. D. J. CO ADC 404 D. J. C.		
PART IV: SPECIAL CONDITIONS AND PROCEDURES	S – Rule 62-296.401, F.A.C.		
A. New or Modified Process Equipment			
•			
1. Since the last inspection has there been			
a) installation of any new process equipment?			
b) alterations to existing process equipment withou			
c) replacement of existing equipment substantially			
recent notification form?			
d) If you answered YES to any of the above, did th			
notification form and appropriate fee (Rule 62-4		,	
local program office?			
2. If a crematory unit has been modified to the extent th			
was required, have all operators been retrained to operate the modified unit? Yes No  3. In the case of new or modified equipment, where a Department air construction permit was			
required, has the owner submitted copies of all operator training certificates?			
a) submitted within the 15 day required window following the training?  Yes No			
Patricia Tampas	10/22/2008		
Inspector's Name (Please Print)	Date of Inspection		
	•		
P	10/21/2009		
Inspector's Signature	Approximate Date of Next Inspection		
•	11		

COMMENTS: 275 pound test subject, Conducted VE for 30 minutes immediately after test began. Read only 5% opacity 3 of 120 readings. Approx. 45 minutes after the body was placed into the incinerator, and after VE test was complete, opacity jumped to 15% for several minutes. The consultant explained he believes this is dure to the size of the test subject.