



# CHROMIUM ELECTROPLATING/ANODIZING

## COMPLIANCE INSPECTION CHECKLIST

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

**AIRS ID#:** 1030360 **DATE:** 02/27/2006 **ARRIVE:** 11:30 AM **DEPART:** 12:15 PM

**FACILITY NAME:** ACCURATE PLATING & WEAPONRY INC

**FACILITY LOCATION:** 940 Harbor Lake Dr  
SAFETY HARBOR 34695

**RESPONSIBLE OFFICIAL:** ROBERT COGAN **PHONE:** (727)796-5583

**CONTACT NAME:** ROBERT COGAN & JASON CLAPP **PHONE:** (796)558-3

**REMITTANCE YEAR:** 2005 **ENTITLEMENT PERIOD:** 9/29/2001 / 9/29/2006  
(effective date) (end date)

**PART I: INSPECTION COMPLIANCE STATUS** (check  only one box)

IN COMPLIANCE  MINOR Non-COMPLIANCE  SIGNIFICANT Non-COMPLIANCE

**PART II: CLASSIFICATION – Rule 62-213.300 FAC**  
 Facility type(s)/applicable standard as indicated on notification form:

1. **Hard Chromium Plating**

a. **Existing Large** (0.015 mg/dscm)  b. **Existing Small** (0.03 mg/dscm) -----   
 c. **New** (0.015 mg/dscm) -----  d. **Alternative Standard** for existing facilities   
 (0.03 mg/dscm) using a rolling average of  
 rectifier capacity (less than 60 million A-hr/year)

2. **Decorative Chromium Plating/Anodizing**

a. **Chromic Acid Bath**

1) Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) -----   
 2) Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft) -----   
*(May only be selected if a wetting agent is used.)*

b. **Trivalent Chromium Bath**

1) With wetting agent -----   
 2) Without wetting agent  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) -----

c. **Chromium Anodizing**

1) Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) -----   
 2) Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft) -----   
*(May only be selected if a wetting agent is used.)*

**PART III: CONTROL TECHNOLOGY – Rule 62-213.300 FAC**

(Select control device)

**DEVICE IN USE?**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Composite Mesh Pad -----                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator -----              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 3. <input type="checkbox"/> Packed Bed Scrubber -----                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant -----          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent -----      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Has the facility conducted an initial performance test to establish monitoring parameters?  Yes  No  N/A  
*(Not required for sources using a wetting agent or 1-inch foam blanket thickness)*

**PART IV: RECORDKEEPING/REPORTING REQUIREMENTS – Rule 62-213.300(3)**

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* -----  Yes  No  N/A
2. Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* -----  Yes  No  N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). -----  Yes  No
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.  Yes  No
5. Results of all performance tests. -----  Yes  No  N/A
6. Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* -----  Yes  No  N/A

**Composite Mesh Pad**

Measure the pressure drop across the CMP daily. -----  Yes  No

**Packed Bed Scrubber**

Measure the pressure drop across the PBS and the inlet velocity daily. -----  Yes  No

**Fiber-Bed Mist Eliminator**

Measure the pressure drop across the FBME and the upstream device daily. ---  Yes  No

**Packed Bed Scrubber/Composite Mesh Pad**

Measure the pressure drop across the CMP daily. -----  Yes  No

**Foam Blanket Fume Suppressant**

Measure the foam blanket thickness at the appropriate interval.. -----  Yes  No

**Fume Suppressant w/ Wetting Agent**

Measure the surface tension at the appropriate interval. -----  Yes  No

7. Purchase records of wetting agent components. -----  Yes  No  N/A
8. Records of the date and time that fume suppressants are added to the bath. ----  Yes  No  N/A
9. Records of rectifier capacity, if used to determine facility size. -----  Yes  No  N/A
10. Records of the total process operating time. -----  Yes  No
11. Records identifying specific periods of excess emissions. -----  Yes  No
12. Startup, Shutdown & Malfunction Plan. -----  Yes  No

Shea L. Jackson

02/27/2006

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Inspector's Name (Please Print)

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Date of Inspection

Non applicable

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Inspector's Signature

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Approximate Date of Next Inspection

<p><b>COMMENTS:</b> This facility is moving out of the state of Florida to Alabama. The source is considered to be in process of permanent shutdown. The permit file will be closed and archived slj</p>
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