



# HUMAN CREMATORY



Environmental Compliance

## COMPLIANCE INSPECTION CHECKLIST

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

**AIRS ID#:** 1050354 **DATE:** 03/15/2007 **ARRIVE:** 10:01 **DEPART:** 1:15  
**FACILITY NAME:** GENTRY-MORRISON FUNERAL HOME  
**FACILITY LOCATION:** 1833 S. Florida Ave.  
 LAKELAND 33801  
**RESPONSIBLE OFFICIAL:** LEW HALL **PHONE:** (863)682-3155  
**CONTACT NAME:** Susan Raney/ Kelly PAul Lyons **PHONE:** (863)682-3155  
**REMITTANCE YEAR:** 2007 **ENTITLEMENT PERIOD:** 2/14/2002 / 2/14/2007  
(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?-----  Yes  No
2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?-----  Yes  No
3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(5)(i), F.A.C.)-----  Yes  No
4. In order to demonstrate individual source compliance were the remaining applicable standards testing completed within 60 days prior to the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.)
  - a) Carbon Monoxide (CO) emissions equal to or below the requirements of 100 parts per million by volume, dry basis, corrected to 7% O<sub>2</sub> on an hourly average basis and tested according to EPA Method 10 (Ref.: Chapter 62-297, F.A.C.)?-----  Yes  No
  - b) Oxygen test performed according to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)?-----  Yes  No
  - c) Particulate matter emissions test with results equal to or below the requirements of 0.080 grains per dry standard cubic foot (ft<sup>3</sup>) of flue gas, corrected to 7% O<sub>2</sub> and tested according to EPA Method 5 (Ref.: Chapter.62-297, F.A.C.)?-----  Yes  No
5. Was all emissions testing conducted with the source operating at the manufacturers recommended capacity?-----  Yes  No
6. Was CO & PM compliance demonstrated by submission of a test report for an identical crematory unit?  Yes  No
7. Was the Department notified at least 15 days prior to the date of the last formal compliance test?-----  Yes  No
8. Was the required test report filed with the Department as soon as practical, but no longer than 45 days after the test was completed?-----  Yes  No

**PART III: OPERATING/RECORDKEEPING REQUIREMENTS - Rule 62-296.401, F.A.C.**

(check  appropriate box(es))

1. Is there **Continuous Emissions Monitoring System (CEMS)** equipment installed on each unit to record temperatures in the primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber combustion zone in accordance with the manufacturer's instructions?-----  Yes  No

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 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-----  Yes  No

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 **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

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 **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? *Most of the time yes. See enclosure*  Yes  No

c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation 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 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 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 duration of the operator's employment & for an additional two years after termination of employment?-----  Yes  No

**PART IV: SPECIAL CONDITIONS AND PROCEDURES – Rule 62-296.401, F.A.C.**

**A. New or Modified Process Equipment**

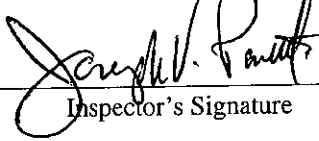
1. Since the last inspection has there been
  - a) installation of any new process equipment?-----  Yes  No
  - b) alterations to existing process equipment without replacement?-----  Yes  No
  - c) replacement of existing equipment substantially different than that noted on the most recent notification form?-----  Yes  No
  - d) If you answered **YES** to any of the above, did the owner submit a new and complete notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or local program office?-----  Yes  No
2. If a crematory unit has been modified to the extent that a Department air construction permit 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?-----  Yes  No
  - a) submitted within the 15 day required window following the training?-----  Yes  No

Joseph V. Panetta

03/15/2007

Inspector's Name (Please Print)

Date of Inspection



2008

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:** Spoke with Susan Raney and Kelly Paul Lyons about new rules. Went over new rules explaining Maintenance Schedules, Preventive Maintenance Schedules and how the new January 10, 2007 Rule change addresses the operation of crematories according to manufacturer's specifications. Left him a copy of the new rules. Highlighted areas of rules we went over. Explained allowed Materials. Human crematory units shall cremate only human or fetal remains with appropriate containers. The remains may be clothed. The containers shall contain no more than 0.5 percent by weight chlorinated plastics as demonstrated by the manufacturer's data sheet. If containers are incinerated, documentation from the manufacturers certifying that they are composed of 0.5 percent or less by weight chlorinated plastics shall be kept on-file at the site for the duration of their use and for at least two (2) years after their use. No other material, including biomedical waste shall be incinerated. Viewed Records from January 1, 2006 to March 15, 2007.

Page #1

1) 3-31-05 - Crematory MalFunction Burner seemed to cutoff several minutes into cremation -

- DID not notify FC DEP
- SERVICE ORDER ATTACHED, CHART ATTACHED

3-31-05 - After Repair:

- cremation not properly ~~MARK~~ <sup>ANNOTATED</sup>

Page #2

2) 4-1-05 - Crematory MalFunction - Burner seemed to cutoff several times during cremation

- out of Temperature For Most of Cremation

Notes: - No service call

- CHART ATTACHED

3) 4-8-05 -

- Crematory MalFunction - Burner cutoff several times during cremation - Below 1600°F several times during cremation
- Service order ATTACHED, CHART ATTACHED

Page #3

4) 4-27-06 TWO

- Crematory MalFunction burner cutoff
- out of Temperature for almost 2hrs then burner turned on to finish cremation.
- no service order -

5) 4-28-06 -

- Crematory MalFunction - burner cutoff
- out of Temperature
- Service order for this day

Page #4

5-4-05 - Crematory Malfunction - burner Cutoff  
 - out of Temperature For Almost 3 hrs, then  
 burner turned back on  
 - service order for 5-6-05

Page #6

6-6-06

Crematory Malfunction burner Cutoff.  
 - out of Temperature For ~~Almost~~ over and 1 Hour  
 - service order dated 6/7/06

~~6-4-06~~

6-7-06 Crematory Malfunction - out of Temperature almost 1 Hour  
 - service order dated 6/7/06 for burner #948

6-9-06 - Crematory Malfunction out of temp About an hour<sup>out of temperature</sup>

6-12-06 - Crematory Malfunction #949 <sup>out of temperature</sup> over 1 Hour and 15 minutes

6-13-06 - Crematory Malfunction #950 out of Temp About 15 minutes

6-14-06 " " #951 " " " 1 Hour and 45 min.

Page #7

- service order dated 6/7/06  
 - service order dated 6/14/06

- Chart ~~code~~ with dates 6-30-06 to 7-6-06 contains  
 unmarked readings

- 7-3-06 service order

Page #8

Page #9 - Cremation # 1077 on 12-16-06, Malfunction -  
- ~~NO~~ Crematory DID Not Notify -

Page #7 Kelly Lyons 3 Cremations

Page #10 3 Cremations Kelly Lyons

No Continuous Monitoring Cremation # 1053  
Chart Pen not operating

~~NO~~ ~~Pen~~ \* Page #11 No Continuous Monitor Cremation # 1063

11/22/06 and 11/24/06 Kelly Lyons 2 Cremations # 1061/1063

~~Page~~

BK 12-17-06 Pg 9 (OK)  
KL 11-06-06 Pg 10 & Pg 9 1111  
Nov 2006 Pg 11 11

Page 12 9-14-06 Cremation # 1118 - 2 malfunctions # 1118  
Never Called DEP  
9-19-06 Cremation # 1019 malfunction  
Never Called DEP

Page 13 9-8-06 - Kelly Lyons 1 Cremation  
9-7-06 Cremation # 1015 - the cremation after  
this not annotated at all.

Pg 14 Kelly Lyons 3 Cremations  
8-26/8-30/2007 6 CHART MARKINGS <sup>NO</sup> to Represent Temperature

Pg 15  
8/22-25/2007 No CHART MARKINGS Representing Temperature

Pg 16 7-19-07 → Kelly Lyons 1 Cremation

Pg 16 Either a malfunction or unmarked cremation

Pg 17 6-27-06 6-28-06 Either a malfunction or  
unmarked cremation

Pg 18 - 2 Malfunctions  
Part of Cremation # 946 is on Pg 6  
~~Kelly Lyons 2 Cremation - No Trace N/A~~

Pg 19 - improper marking of chart -  
Can't tell when ~~one~~ cremation begins  
Fa # 938 and # 943

Pg 20 improper marking of chart -  
Can't tell when cremation begins Fa #'s 924 & 920

Pg 21	Mgt Function	Cremation # 916	4-27-06	- <sup>Seemed</sup> Dinner cut-off
	"	Cremation # 917	4-27-06	" " "
	"	" # 918	"	" "

Pg 22 Malfunction Cremation # 912 4-17-06 - dinner seemed to cut off

Pg 23 Cremation # 892 Malfunction 3-8-06 Out of Temp <sup>Beats</sup> cut off  
Fa about an hour - No repair order

Pg 24 Cremation # 877 Malfunction out of Temperature for about an hour  
2-21-06

~~7-17-06-4535~~



Pg 25

Cremation # 1137 (March 2007?) No Date  
~~Cremation # 1138 Kelly Lyons Refound Center - No tracing  
N/A could be useful~~

Pg 26

Cremation # 1107 2-8-07 - Burned Cut off Fu Head  
1 hour and 45 minutes then Restaked - as Crematory out  
of Temp

Cremation # 1109 2-9-07 Kelly Lyons - No tracing

Cremation # 1106 and # 1109 (Hot Trace completed - Can tell <sup>when</sup> one  
Cremation basis and one ends

~~Pg # 27~~

~~3 Cremations by N/A Kelly Lyons No tracing~~

Permitting Application - Permit Detail and Log Permit										
POHIT	AIRS ID	1050354	STATUS	A	OFFICE	SWD	SW: TAMPA			
SITE NAME		GENTRY-MORRISON FUNERAL HOME			COUNTY	POLK				
OWNER/COMPANY		GENTRY-MORRISON FUNERAL HOME								
Project										
AIR Permit #	1050354	-	002	-	AG	Project #	002	CRA Reference #	111811	
Permit Office	SWD (DISTRICT)				Agency Action	Effective				
Project Name	HUMAN CREMATORY GP			Desc						
Type/Sub/Des	AG	/	05	Hon Title V General Permit - New Crematory				Logged	01/16/2002	
Received	01/14/2002		Issued	02/14/2002		Expires	02/14/2007		OGC	<input type="checkbox"/>
Fee	100.00		Fee Recd	100.00		Dele	Override		NONE	
Related Party										
Role	APPLICANT			Begin	01/16/2002		End			
Name	HALL, LEW				Company	GENTRY-MORRISON FUNERAL HOME				
Address	1833 SOUTH FLORIDA AVE.									
City	LAKELAND			State	FL	Zip	33801	Country	U.S.A.	
Phone	863-682-3155		Fax							
Processors										
Processor	FERNANDEZ_L			Y	Active	01/16/2002		Inactive	<input type="checkbox"/>	Events

3-31-05

4-8-05

5-6-05

4-28-06

6-7-06

6-14-06

7-3-06

# AIR TESTING & CONSULTING, INC.

## (813) 651-0878

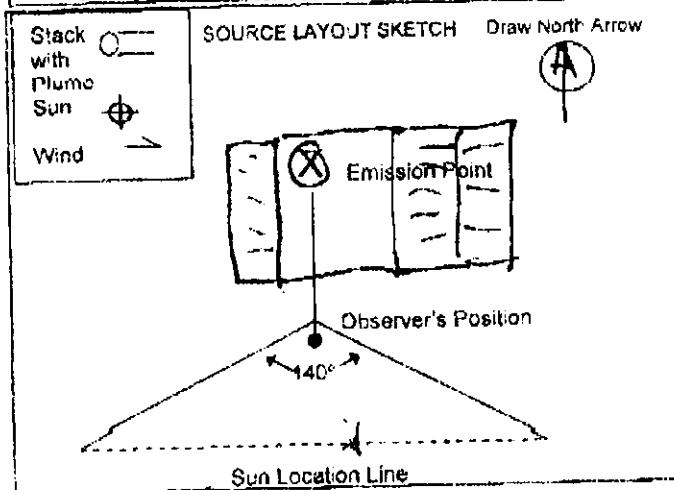
Facility Name <b>GENTRY-MORRISON</b>		Permit Number <b>1050354-002-AG</b>	
Source <b>FUNERAL HOME</b>		I.D. No. <b>001</b>	
Address <b>1833 S. FLORIDA AVENUE</b>			
City <b>LAKELAND</b>		County <b>POLK</b>	Zip <b>33803</b>
Contact <b>LEW HALL</b>		Phone <b>863-688-7679</b>	
Process Equipment <b>CREMATORY</b>		Max. Operating Rate <b>160 LBS</b>	
Control Equipment <b>AFTERBURNER</b>		Operating Mode	

SEC	Observation Date <b>12-22-06</b>				Start Time <b>10:00</b>		Stop Time <b>11:00</b>			
	0	15	30	45	SEC	0	15	30	45	
MIN					MIN					
1.	0	0	0	0	31.	0	0	0	0	
2.	0	0	0	0	32.	0	0	0	0	
3.	0	0	0	0	33.	0	0	0	0	
4.	0	0	0	0	34.	0	0	0	0	
5.	0	0	0	0	35.	0	0	0	0	
6.	0	0	0	0	36.	0	0	0	0	
7.	0	0	0	0	37.	0	0	0	0	
8.	0	0	0	0	38.	0	0	0	0	
9.	0	0	0	0	39.	0	0	0	0	
10.	0	0	0	0	40.	0	0	0	0	
11.	0	0	0	0	41.	0	0	0	0	
12.	0	0	0	0	42.	0	0	0	0	
13.	0	0	0	0	43.	0	0	0	0	
14.	0	0	0	0	44.	0	0	0	0	
15.	0	0	0	0	45.	0	0	0	0	
16.	0	0	0	0	46.	0	0	0	0	
17.	0	0	0	0	47.	0	0	0	0	
18.	0	0	0	0	48.	0	0	0	0	
19.	0	0	0	0	49.	0	0	0	0	
20.	0	0	0	0	50.	0	0	0	0	
21.	0	0	0	0	51.	0	0	0	0	
22.	0	0	0	0	52.	0	0	0	0	
23.	0	0	0	0	53.	0	0	0	0	
24.	0	0	0	0	54.	0	0	0	0	
25.	0	0	0	0	55.	0	0	0	0	
26.	0	0	0	0	56.	0	0	0	0	
27.	0	0	0	0	57.	0	0	0	0	
28.	0	0	0	0	58.	0	0	0	0	
29.	0	0	0	0	59.	0	0	0	0	
30.	0	0	0	0	60.	0	0	0	0	

Fuel Type/Rate <b>NATURAL GAS</b>	Material Type/Rate <b>HUMAN REMAINS</b>
Describe Emission Point <b>STACK EXIT</b>	
Height Above Ground Level: Start <b>75</b> Stop <input checked="" type="checkbox"/>	Height Relative to Observer Start <b>~10</b> Stop <input checked="" type="checkbox"/>
Distance from Observer Start <b>90'</b> Stop <input checked="" type="checkbox"/>	Direction from Observer Start Stop

Describe Emissions <input type="checkbox"/> Coning <input type="checkbox"/> Fumigating <input checked="" type="checkbox"/> None <input type="checkbox"/> Stop <input checked="" type="checkbox"/> None <input type="checkbox"/> Looping <input type="checkbox"/> Lifting <input type="checkbox"/> Fanning	
Emission Color Start <b>N/A</b> Stop <input checked="" type="checkbox"/>	Plume Type <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent <b>N/A</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None
Water Droplets Present <input type="checkbox"/> No <input type="checkbox"/> Yes	Water Droplet Plume <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None
Point in the Plume at which Opacity was determined Start Stop	

Describe Background Start <b>sky</b> Stop <input checked="" type="checkbox"/>	Ambient Temp Start <b>70°</b> Stop <input checked="" type="checkbox"/>
Background Color Start <b>lt. gray</b> Stop <input checked="" type="checkbox"/>	Sky Conditions Clear Scattered Broken <input checked="" type="checkbox"/> Overcast
Wind Speed Start <b>5-10</b> Stop <input checked="" type="checkbox"/>	Wind Direction Start Stop



Average Opacity for Highest 24 Consecutive Readings	Range of Opacity Readings Min. Max.
0	0 0

Observer's Name (Print) <b>KENNETH GIVEN</b>		Date <b>12-22-06</b>
Observer's Signature <i>Kenneth Given</i>		Date <b>8/09/06</b>
Certified by E.T.A.		
Comments		

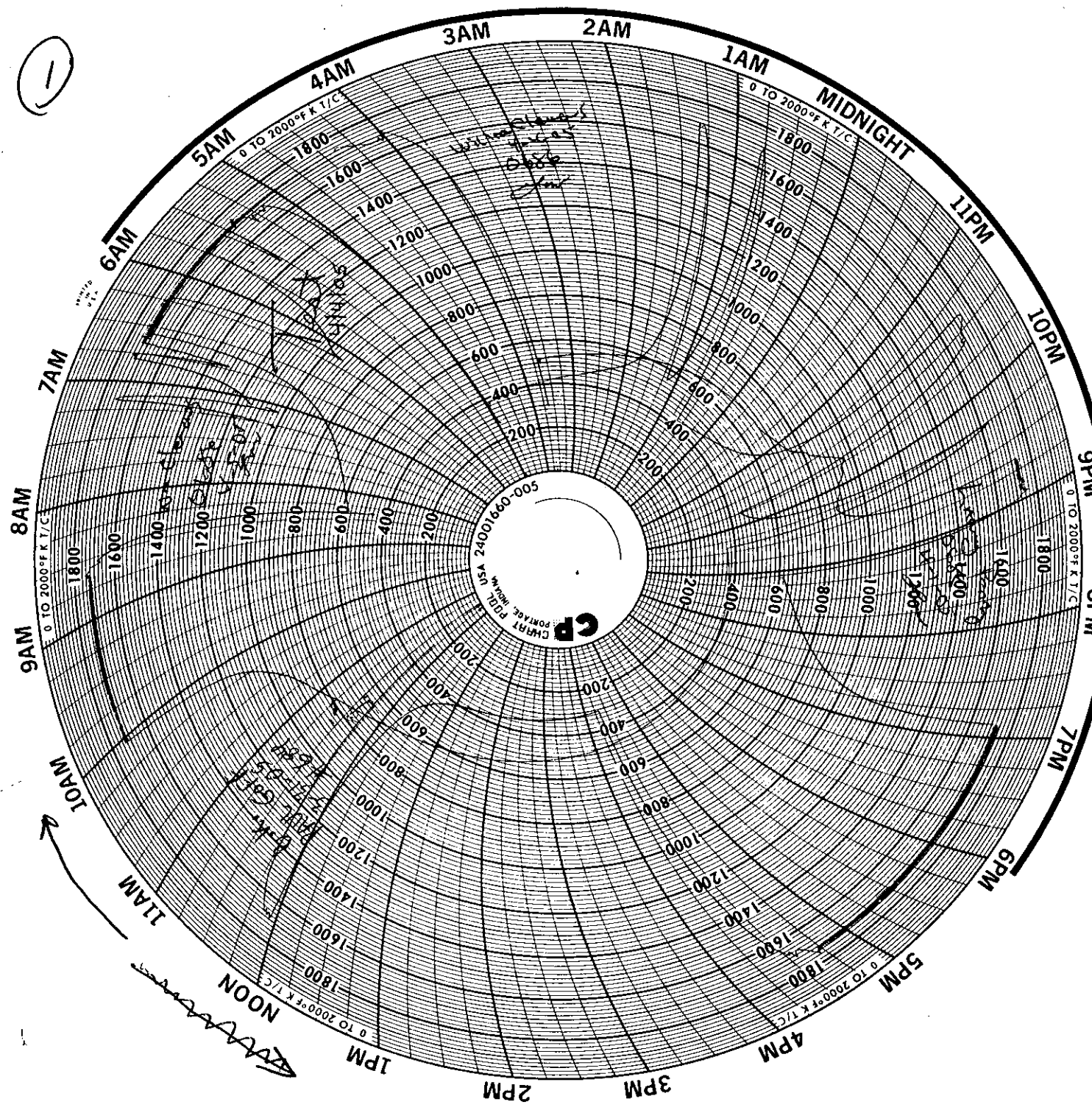
I certify the above process rate data is true to the best of my knowledge.

SIGNATURE *Susan M. Adams* Date **12/22/06**

Title **Secretary**

Cremation Log says Paul Golt Date of Cremation is 3-30-05

(1)



→

NOON

1PM

2PM

3PM

4PM

5PM

6PM

7PM

8PM

9PM

10PM

11PM

MIDNIGHT

1AM

2AM

3AM

4AM

5AM

6AM

7AM

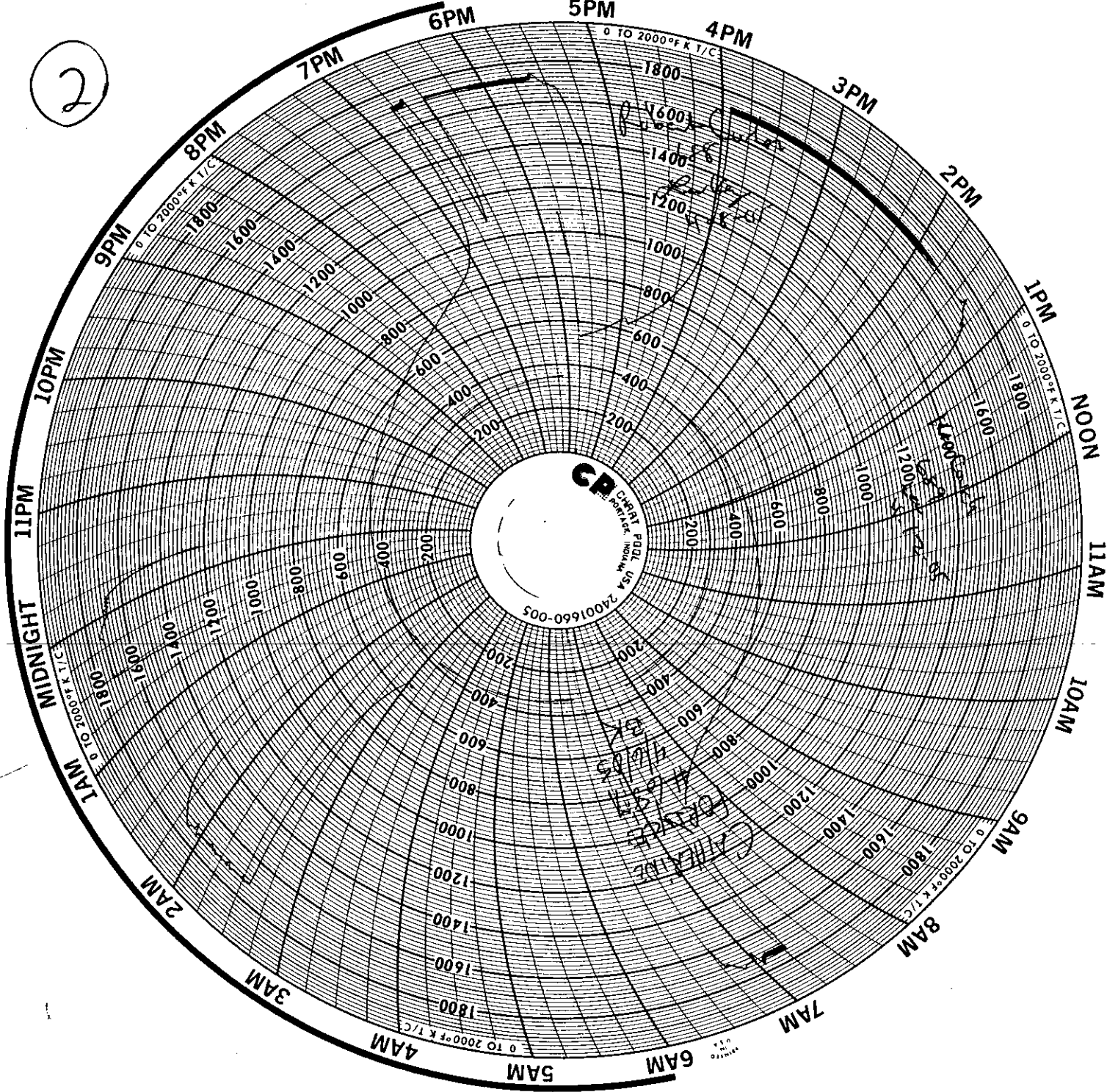
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9AM

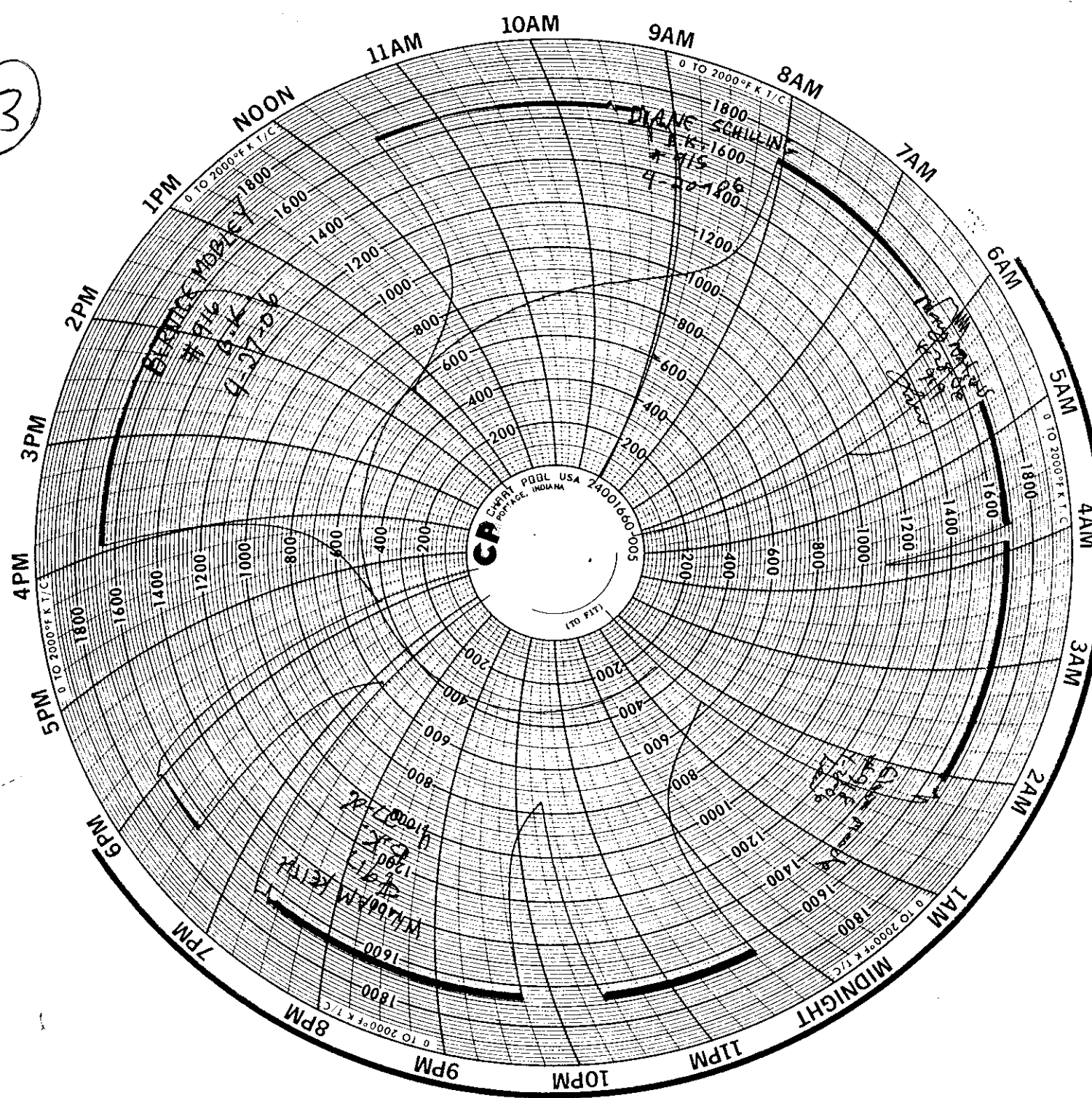
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11AM

2

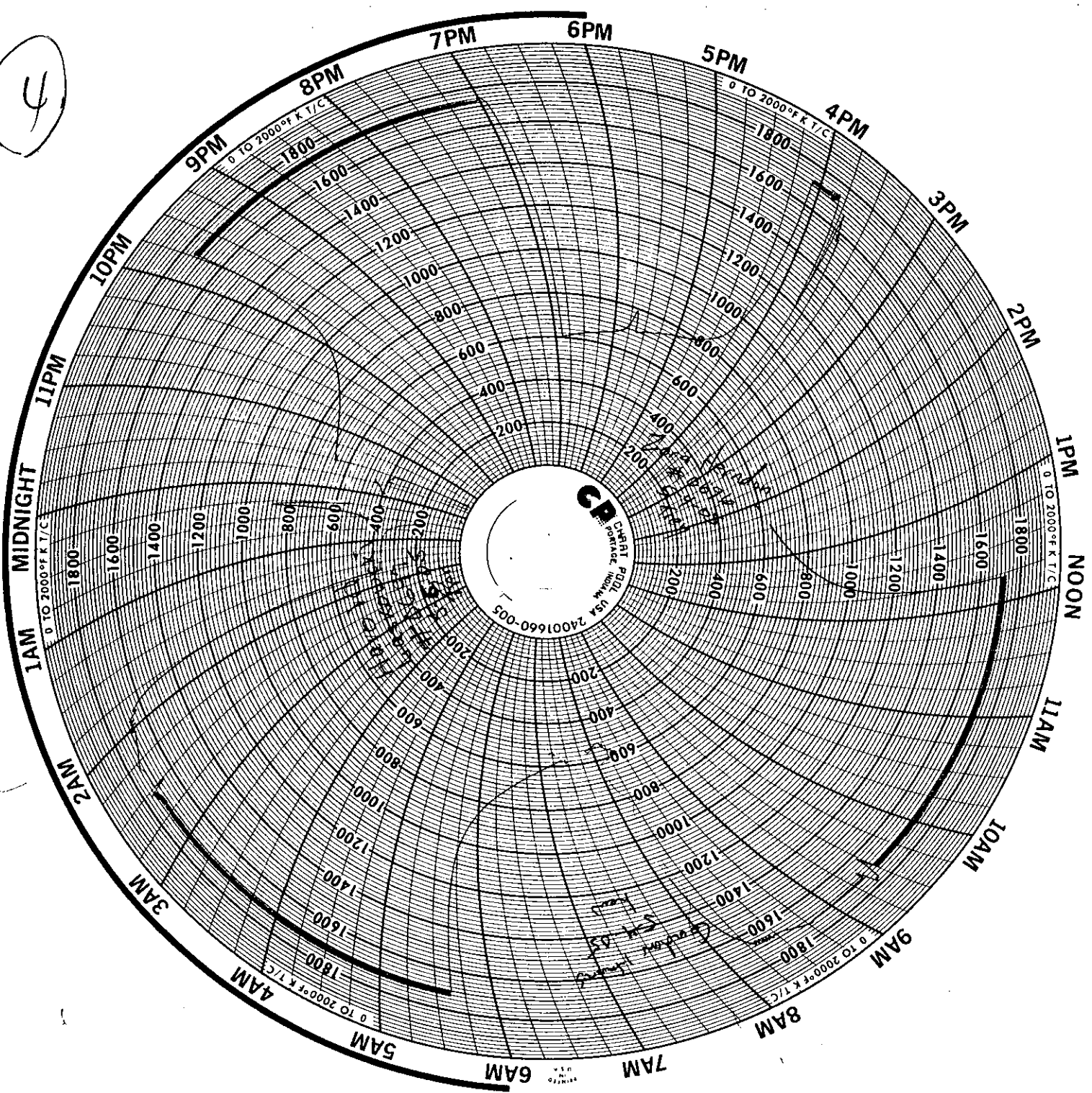


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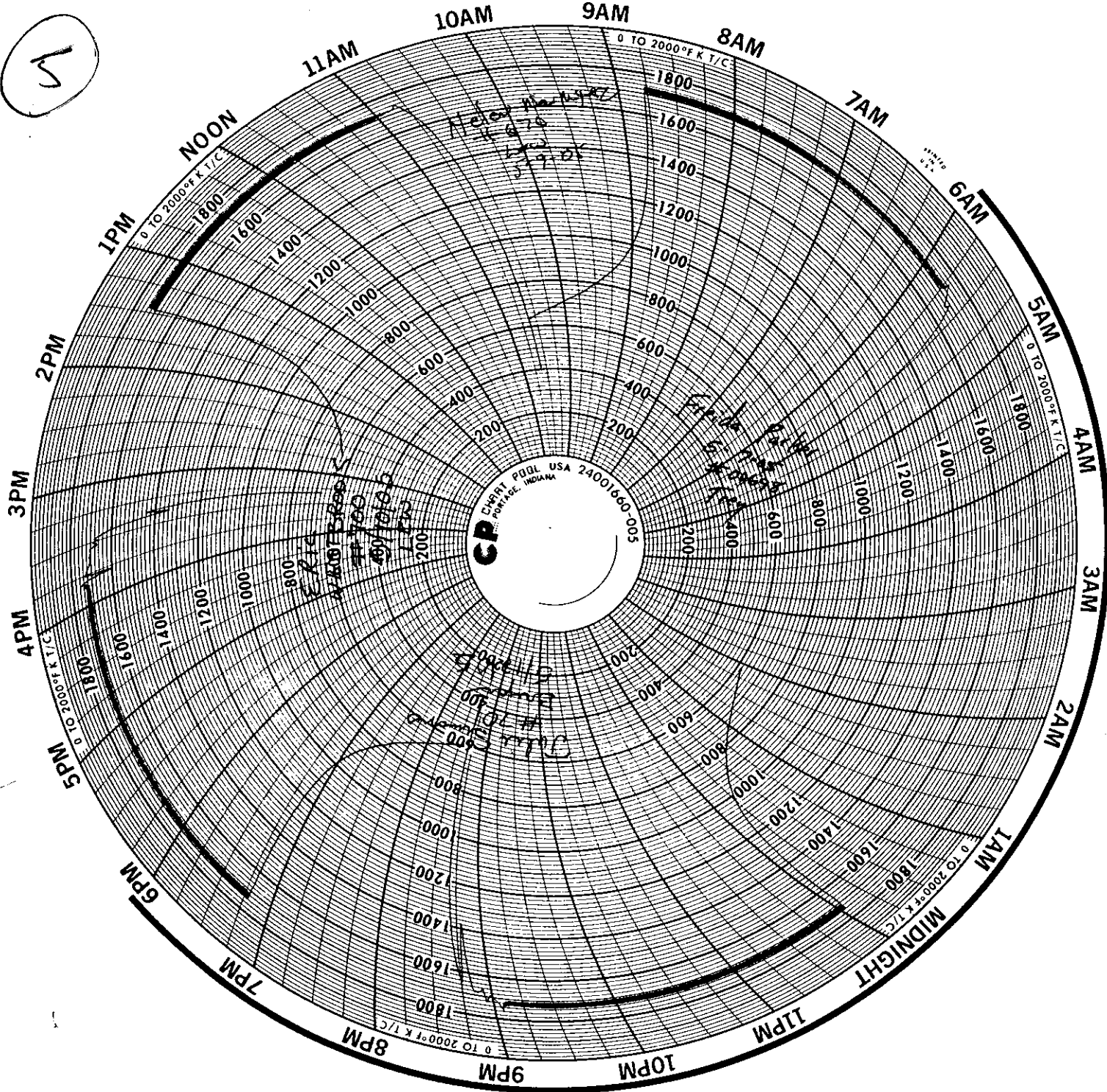




4



5



CR  
EXPERT PAPER USA 2400160-005  
PORTAGE, INDIANA

Helen M. K. 2/27  
4-8-75  
5-9-01

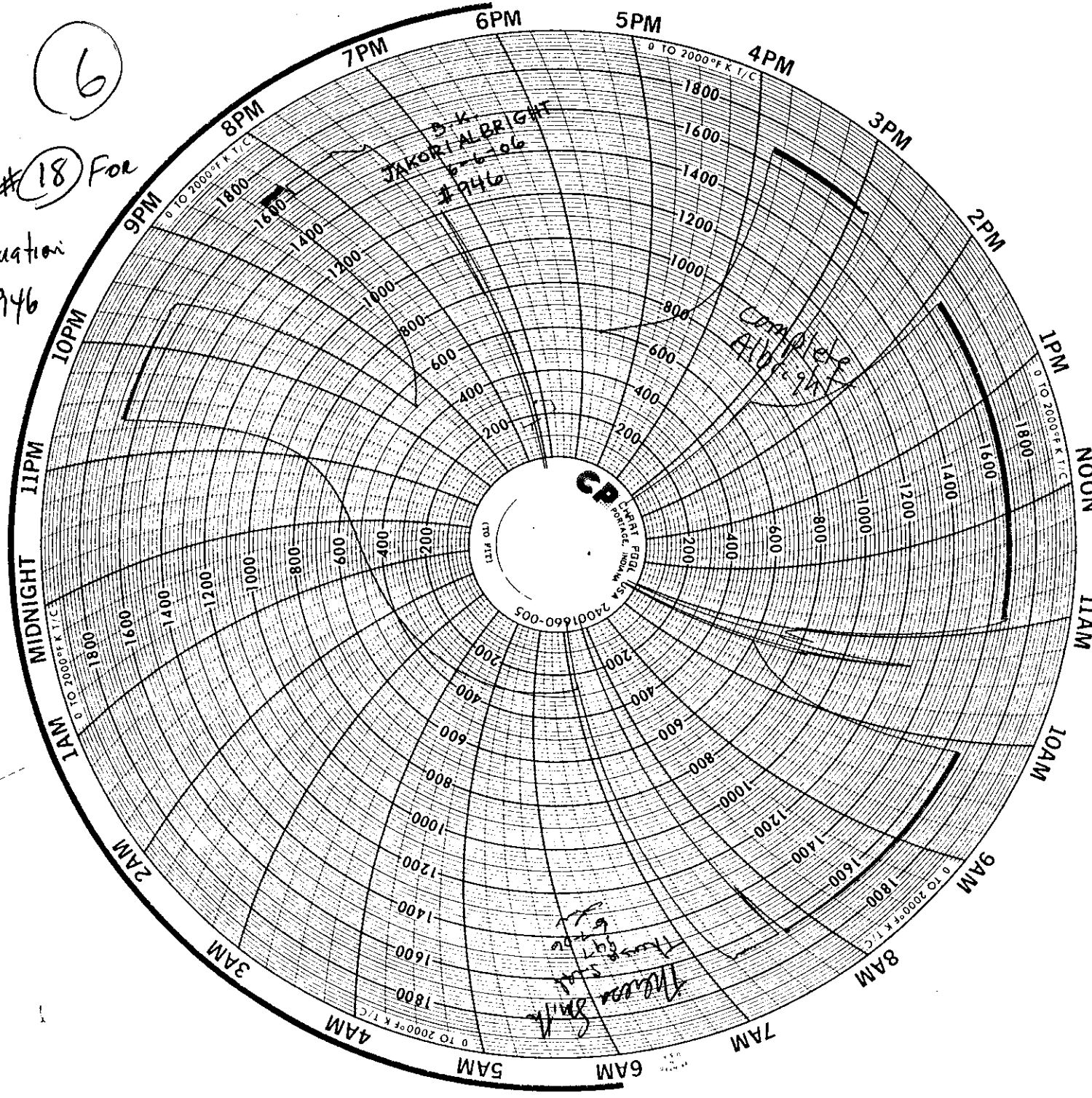
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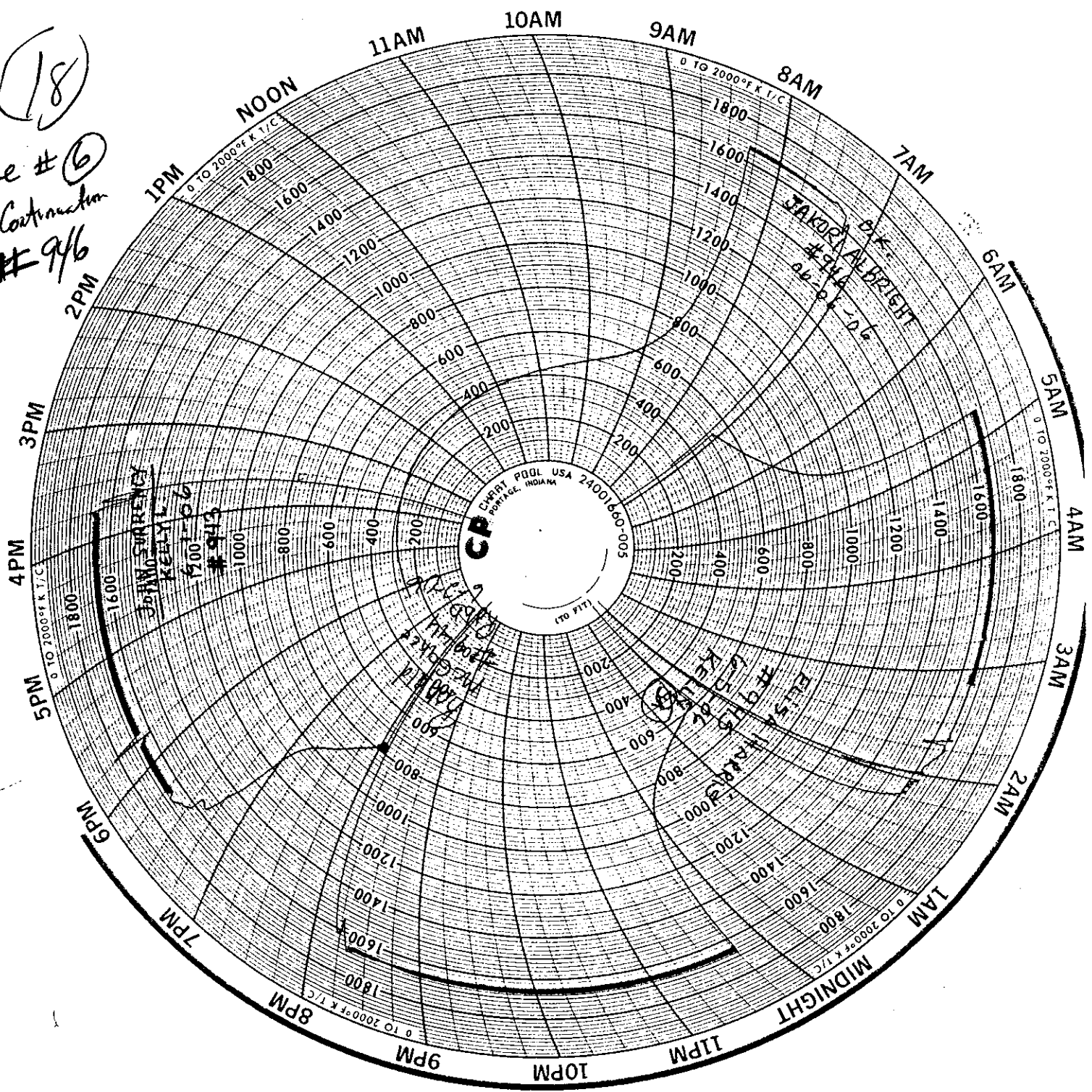
6

See #18 For  
Continuation  
of #946

Thomas Smith 6-7-06 on wheel 6-6-06 in log book



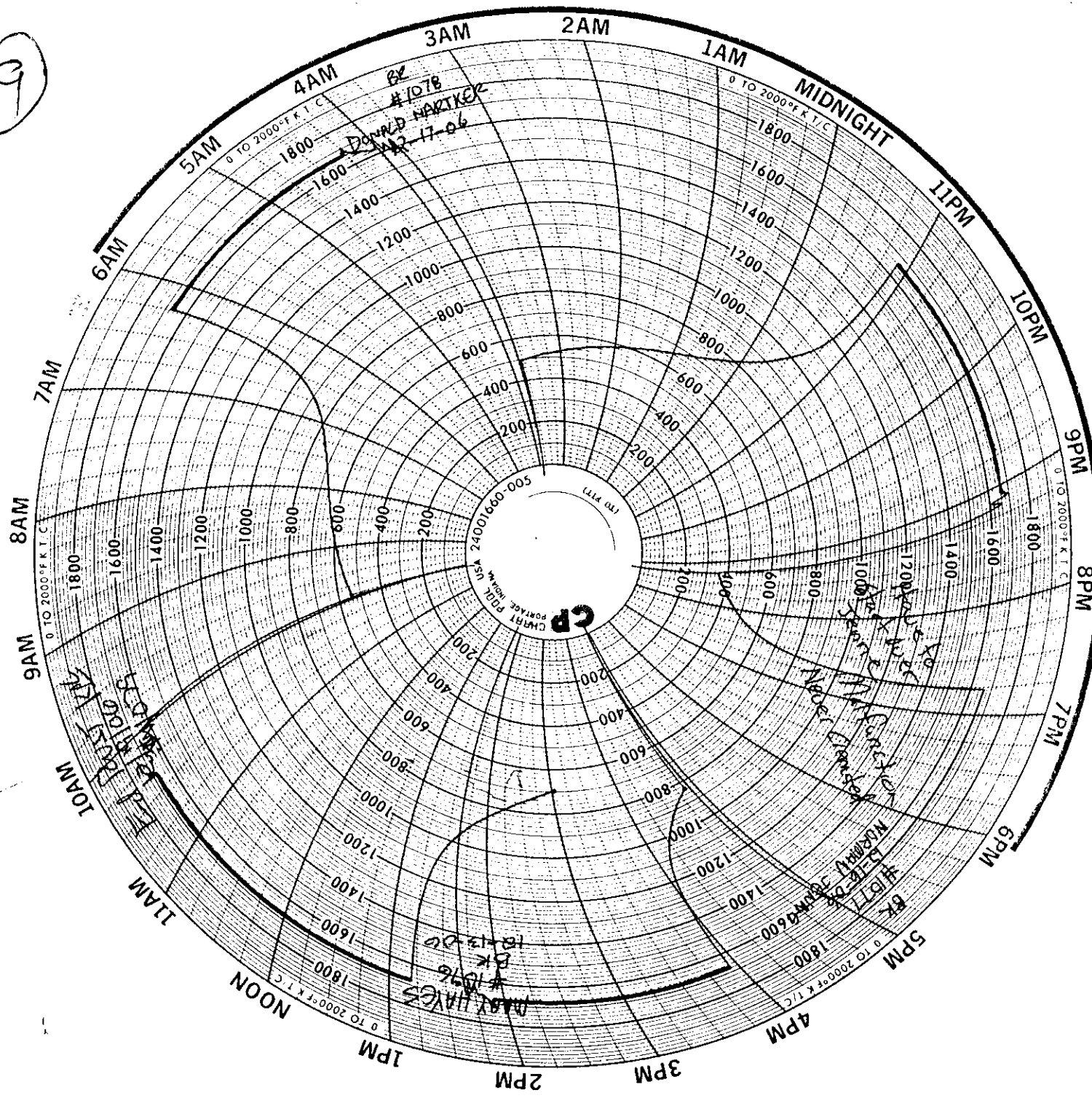
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See # 6  
For Construction  
of # 9/6





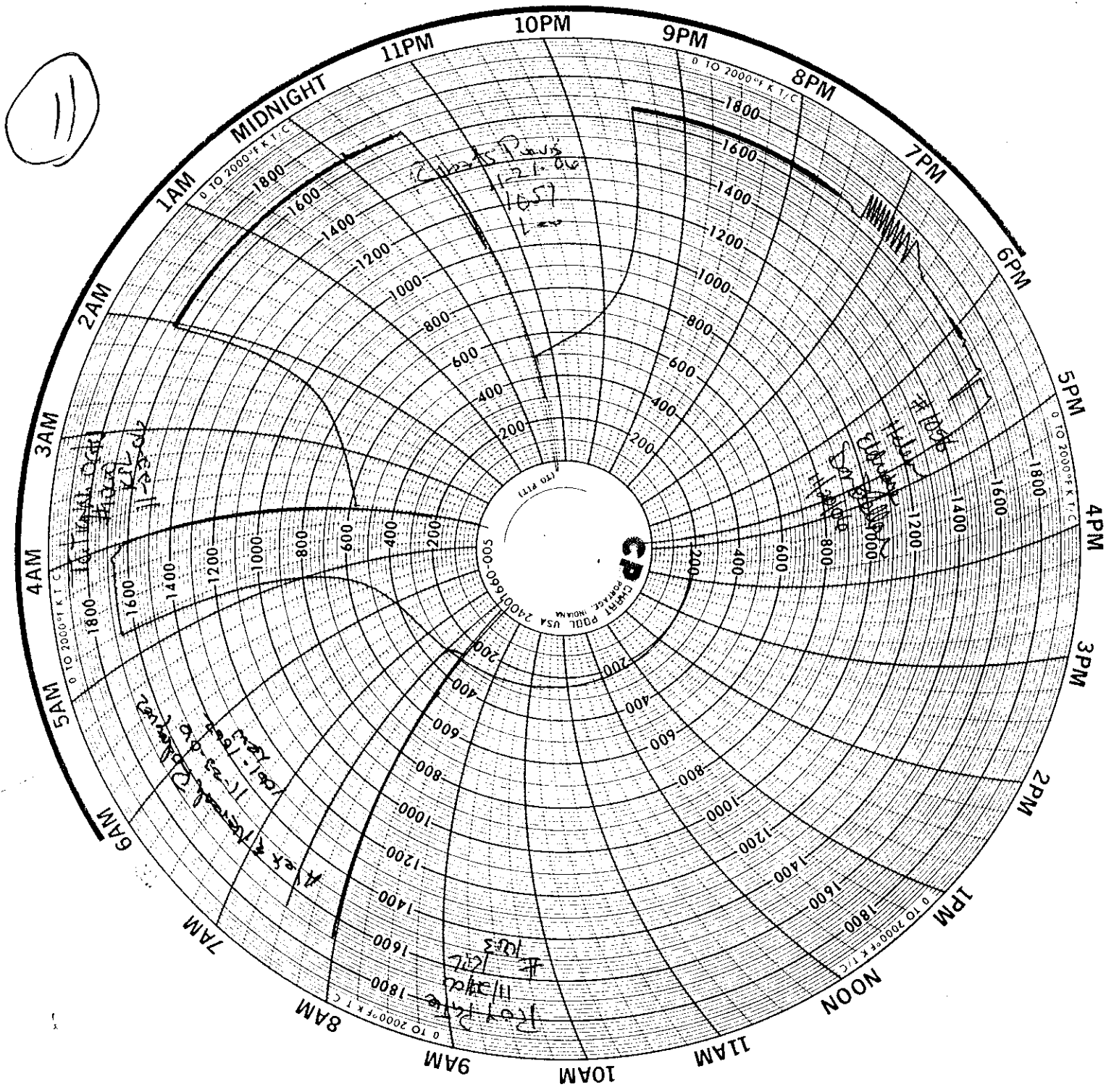


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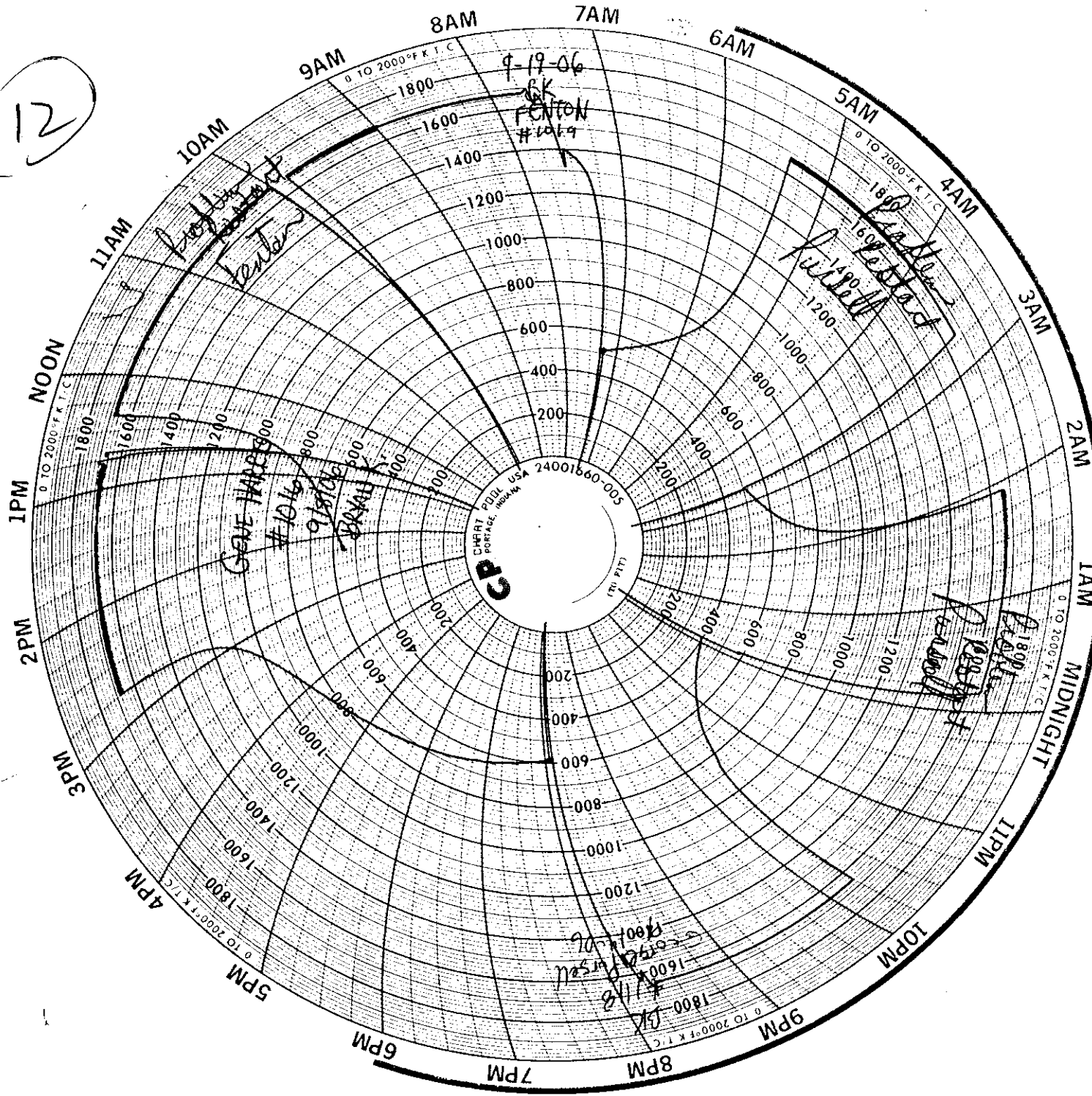








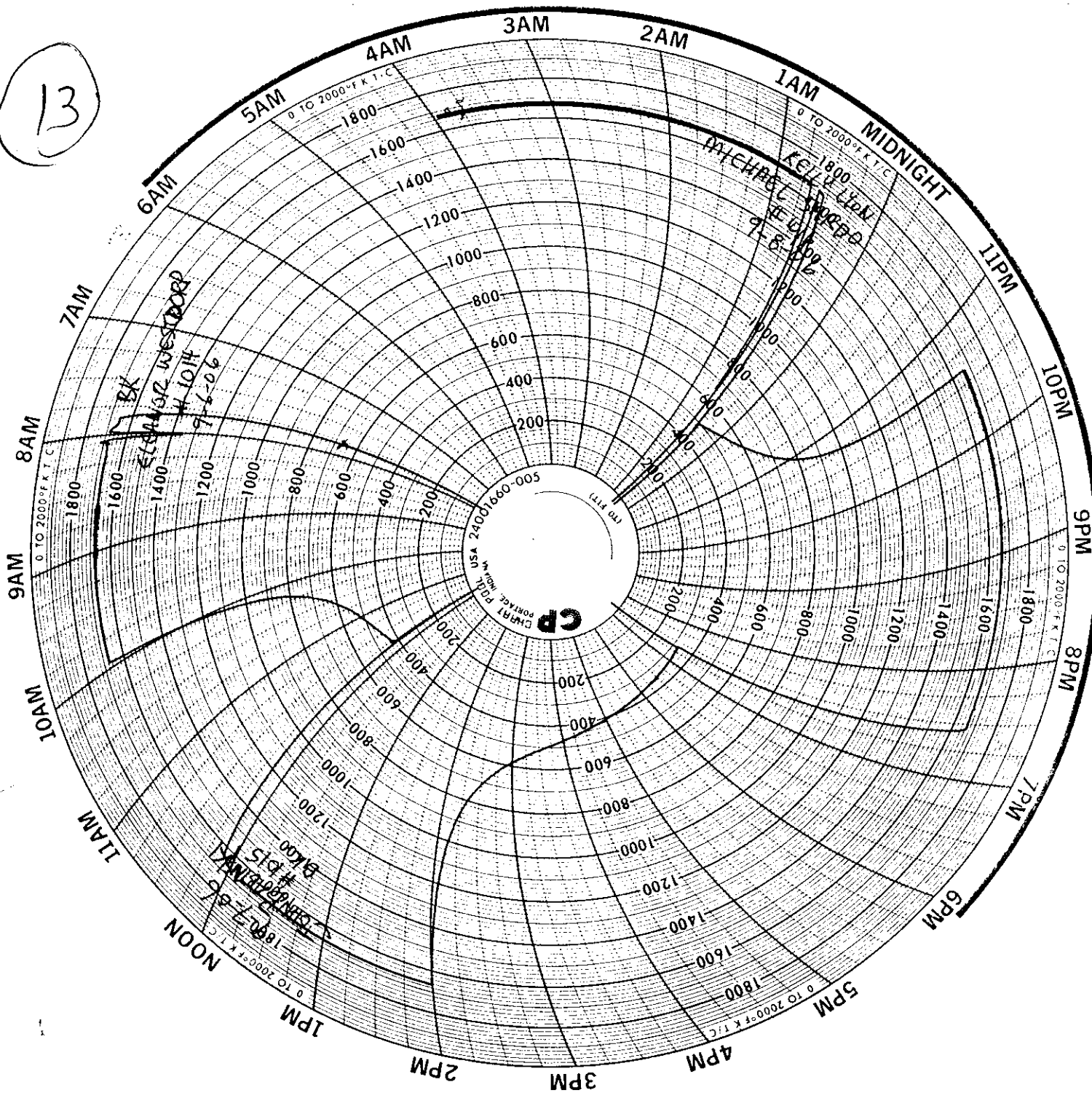
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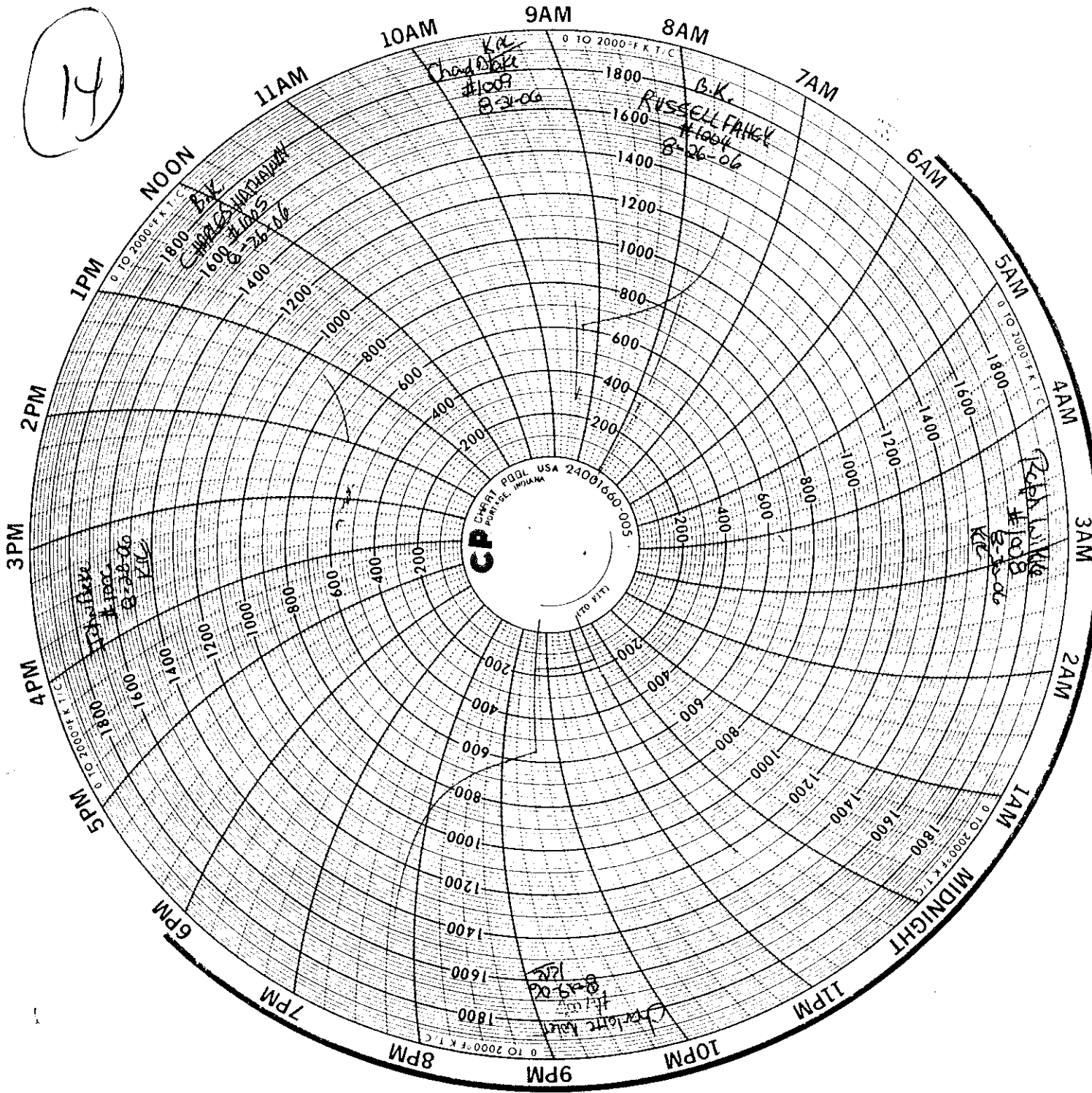
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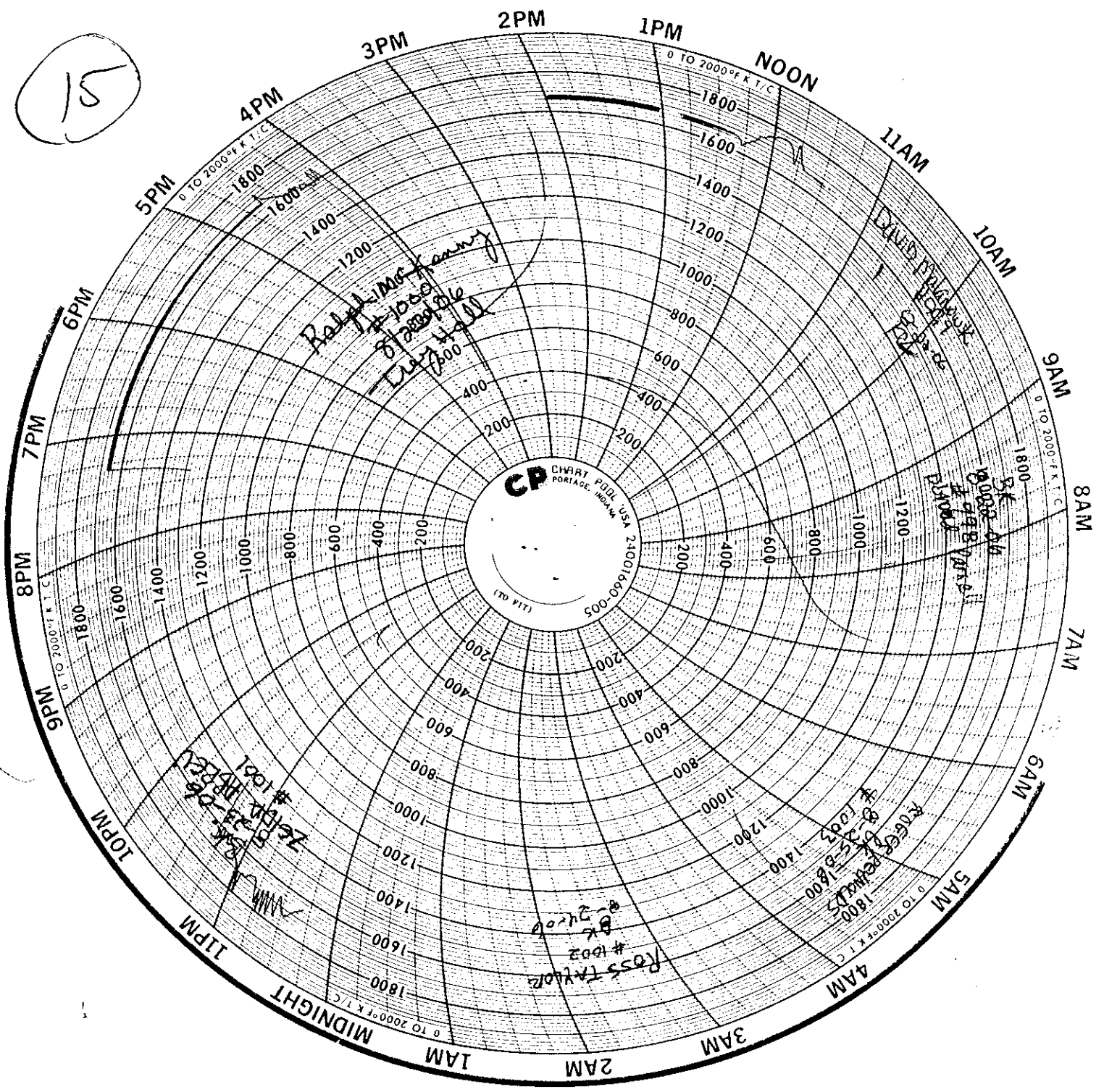
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14



15

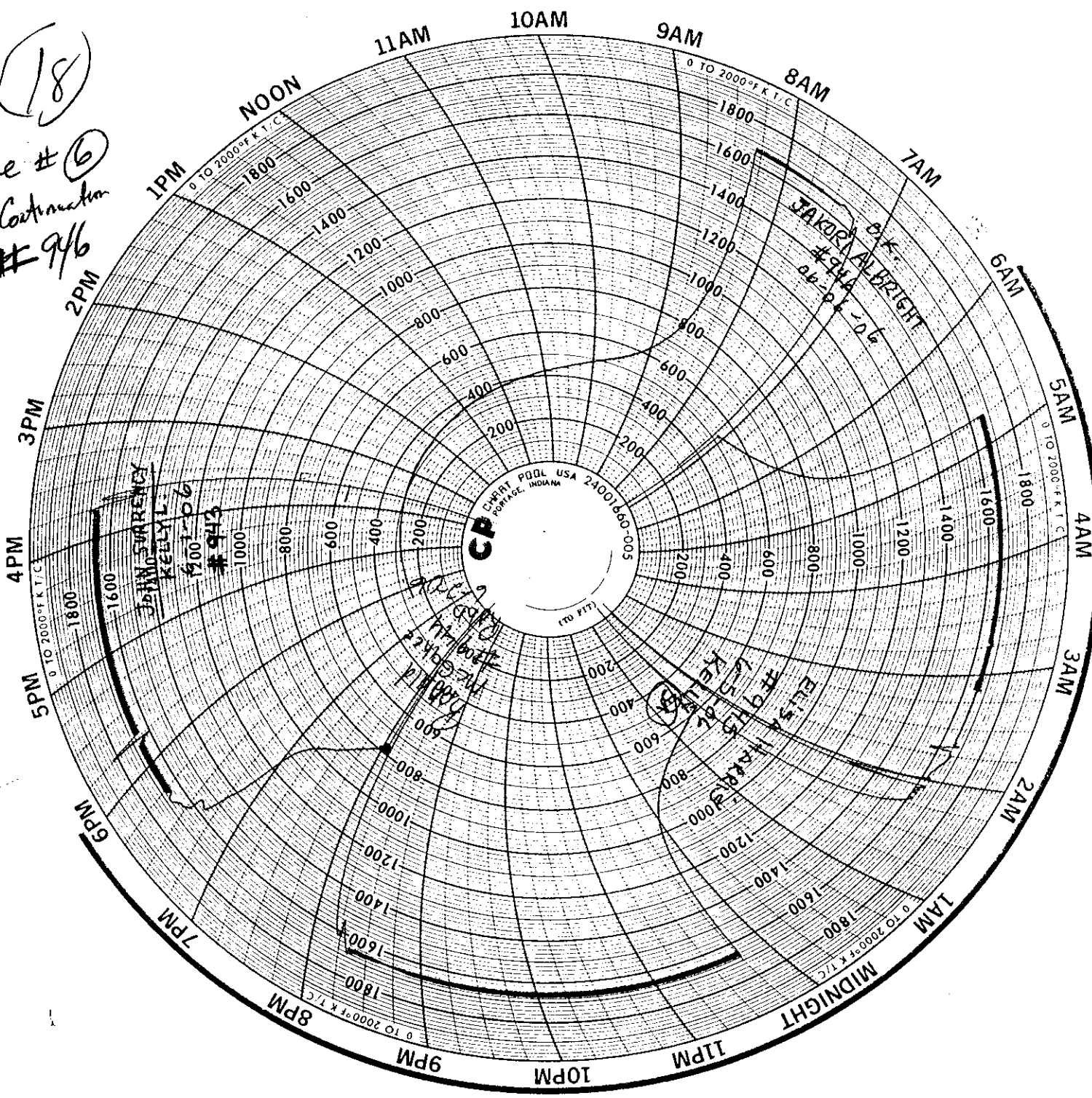






18

See # 6  
For Continuation  
of # 946



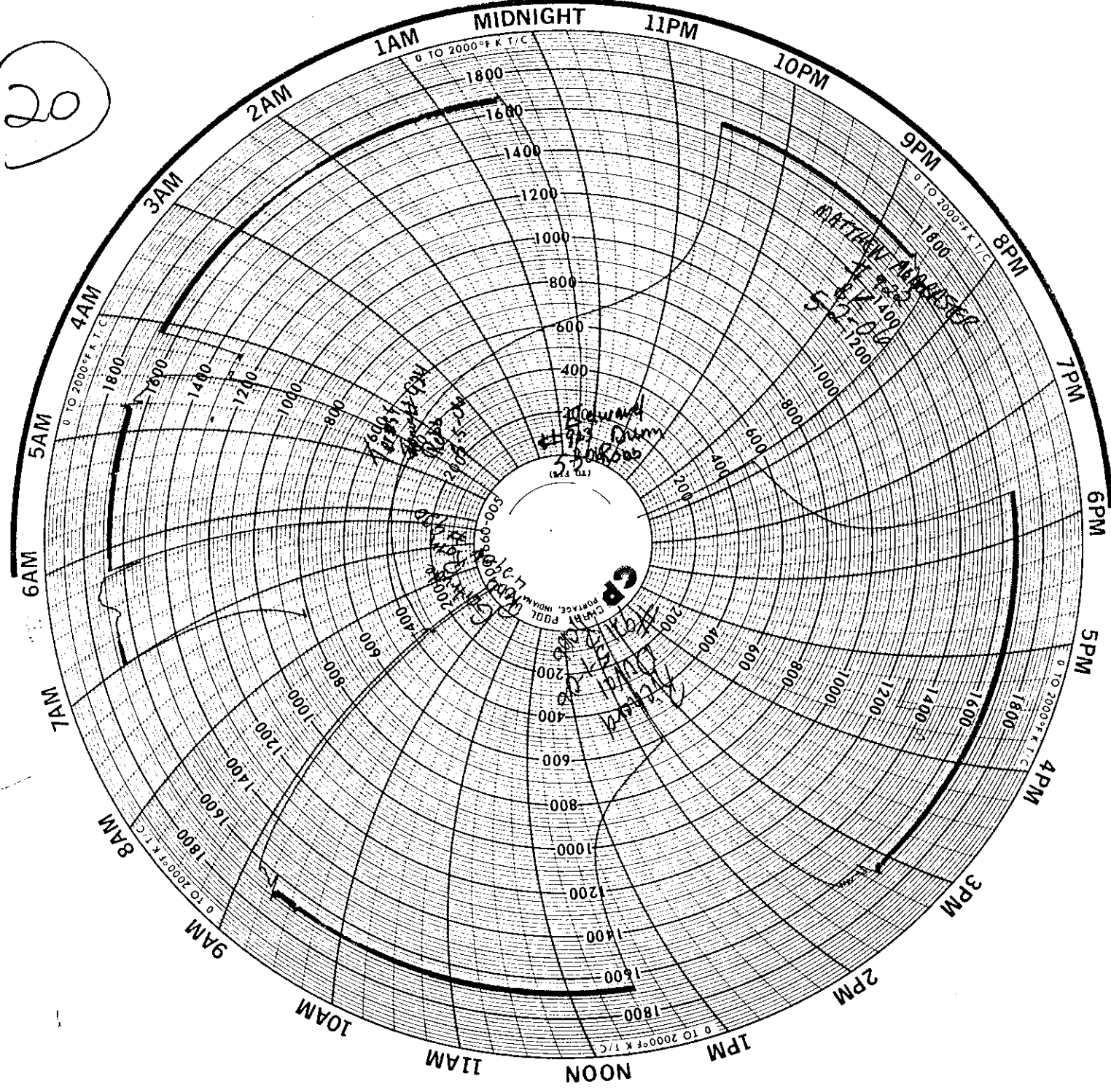




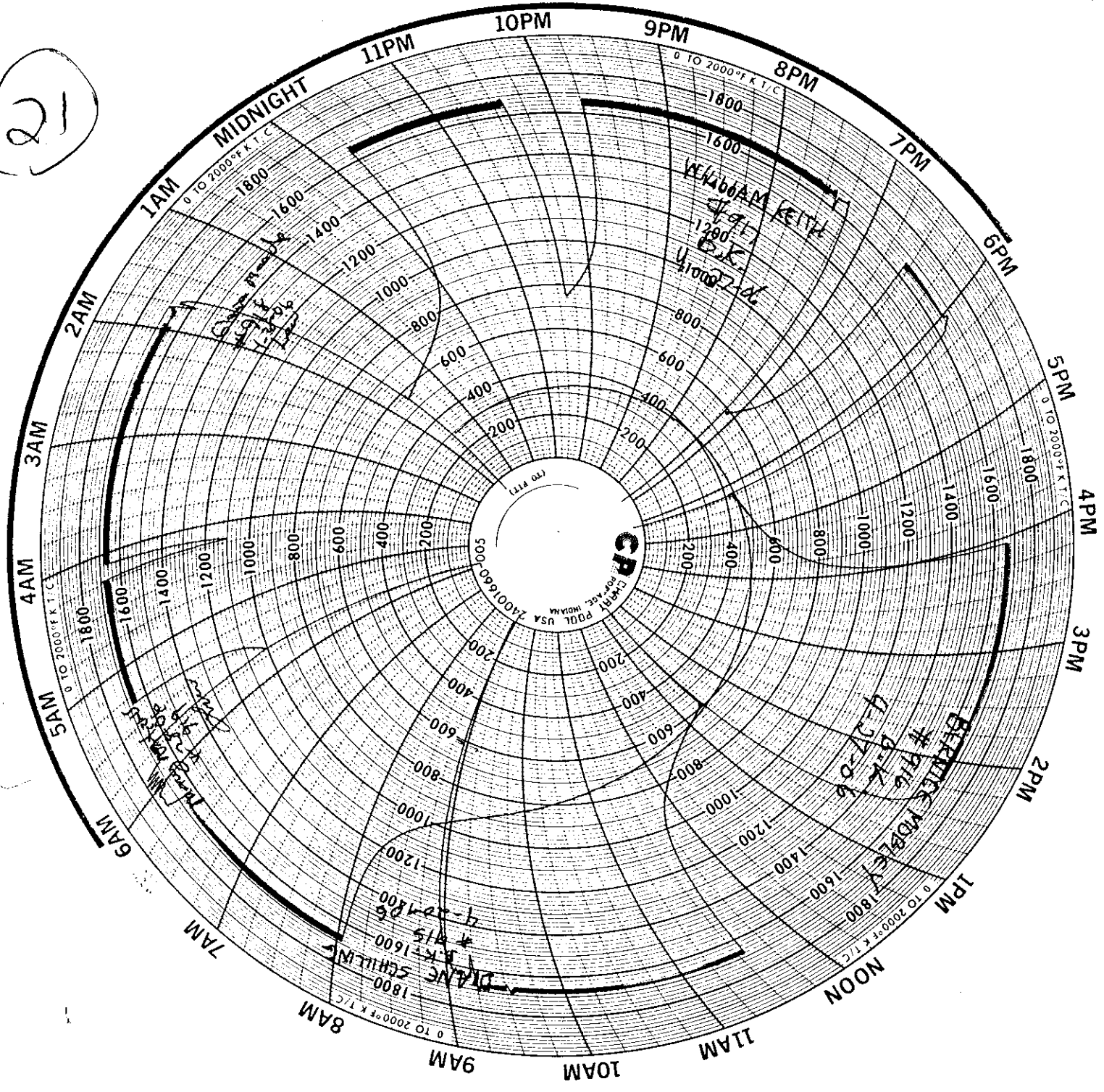




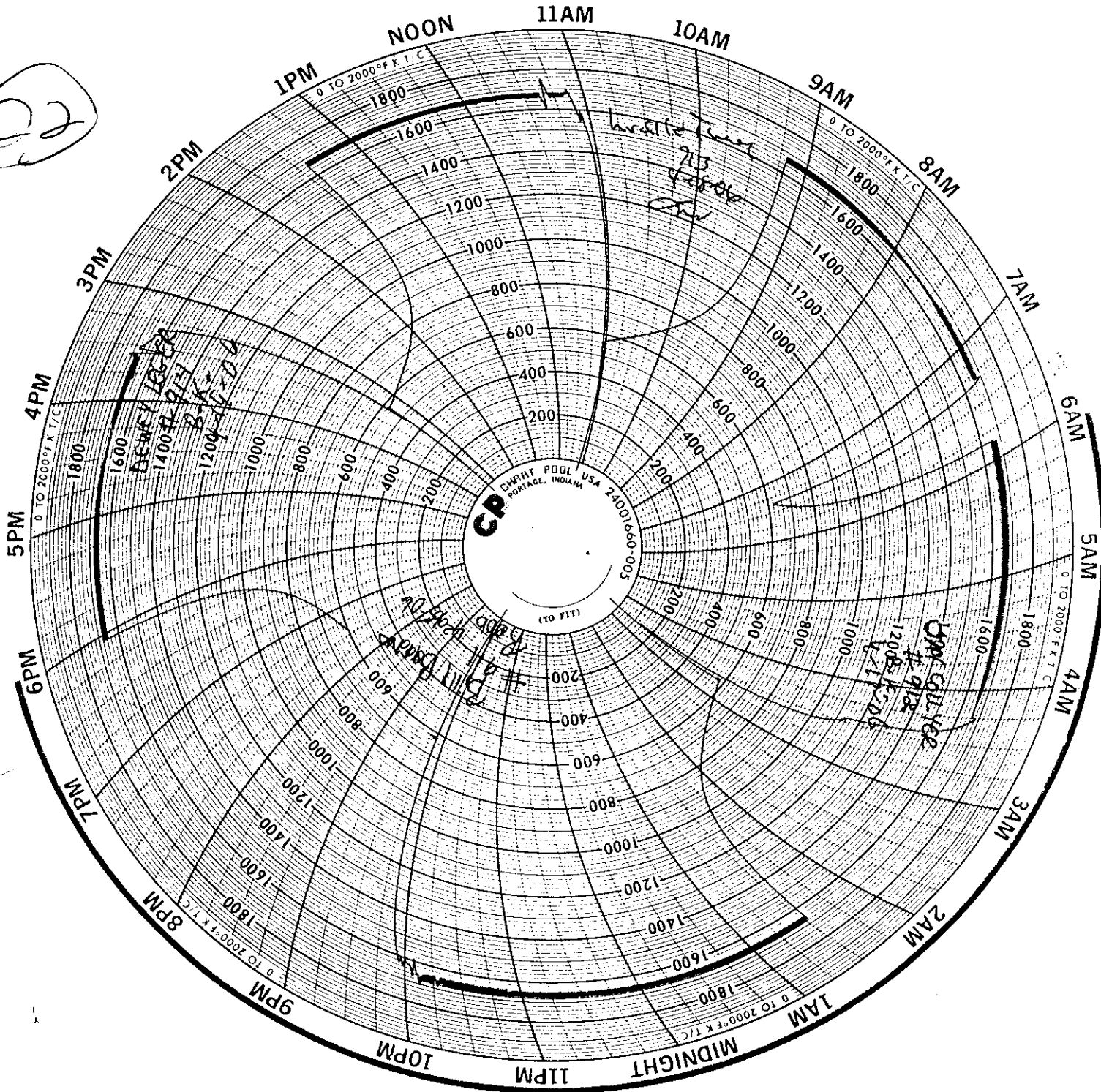
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21

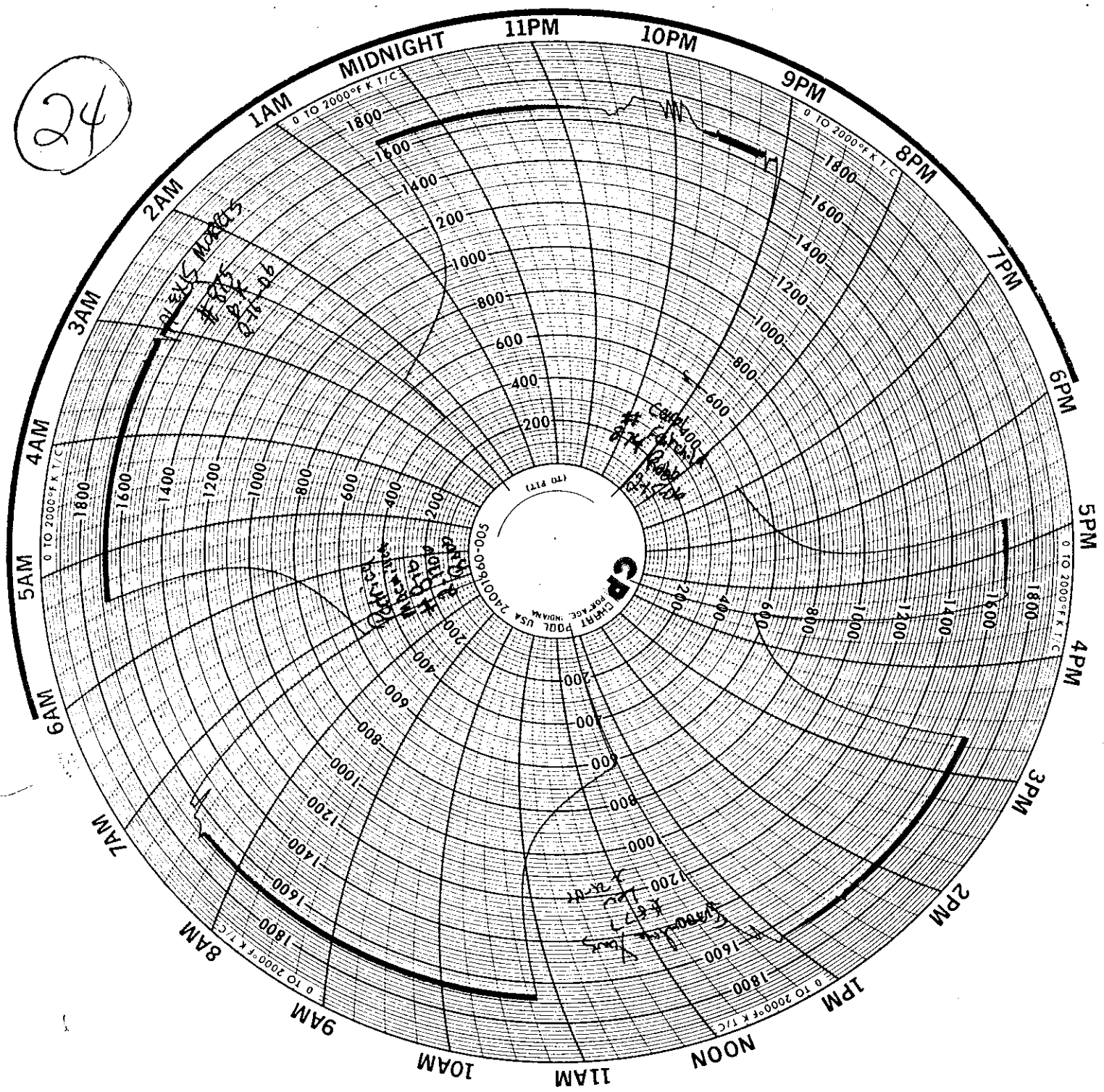


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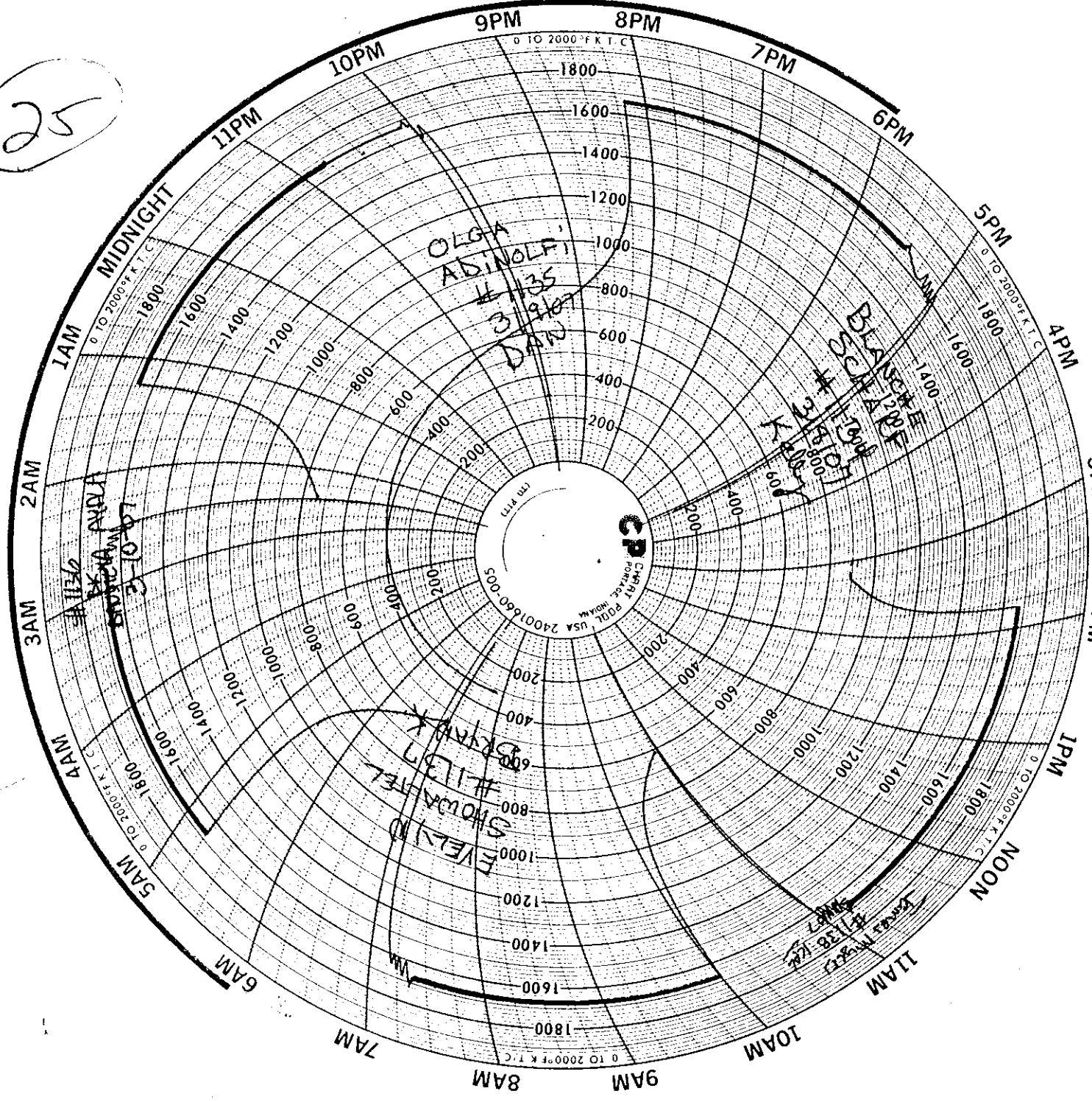


24

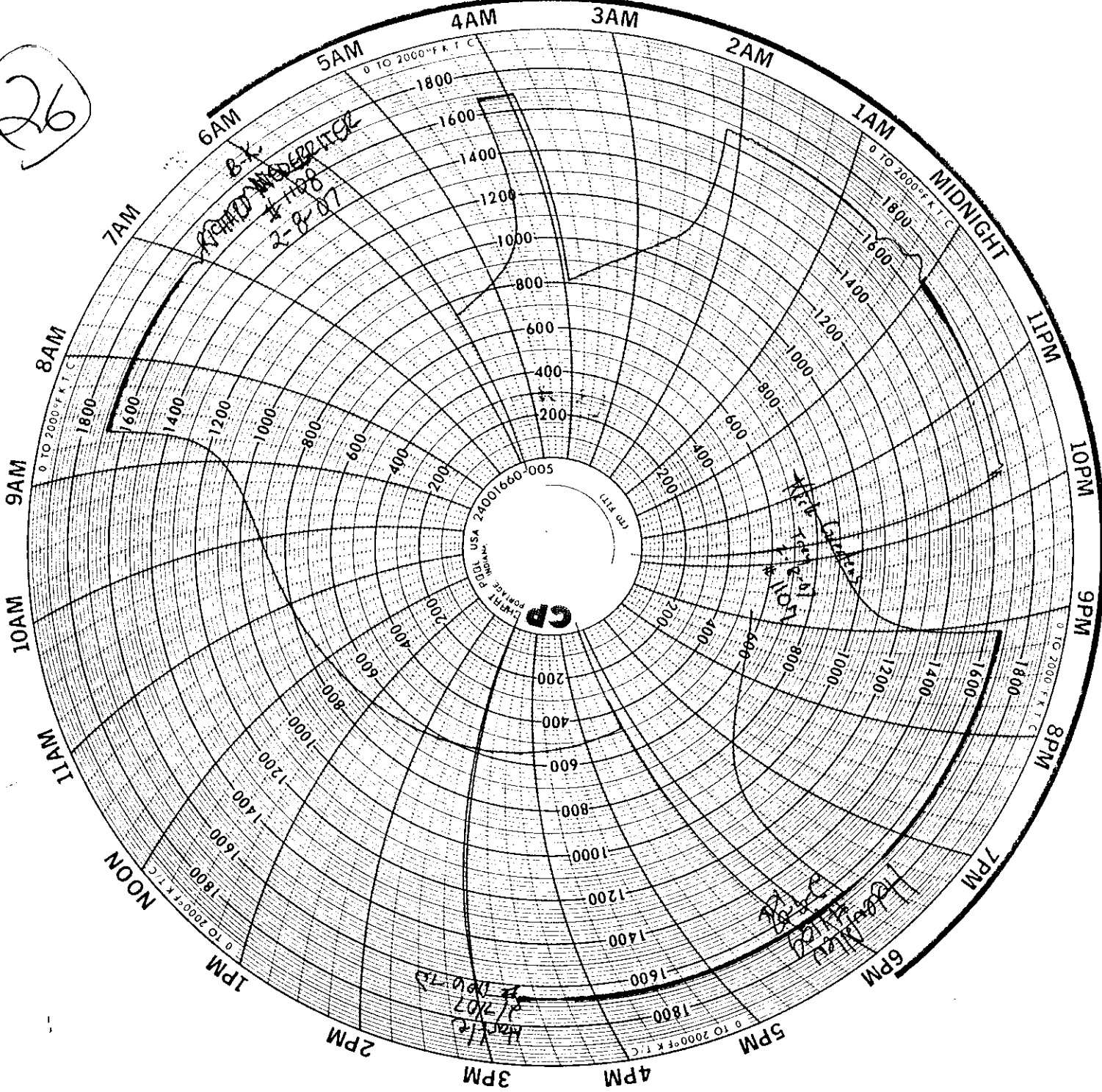




25



26







# *Certificate of Completion*

*Presented to*

**GENTRY MORRISON FUNERAL HOME**

*Recognizing*

**DONALD F. BELLAR**

Crematory Operator


*Having successfully completed the Crematory Operator Training as required by the State of Florida on the N-20AA Cremation Retort. B & L Cremation Systems, Inc., a State-approved training organization administered the course.*

*Instructor: Ben Choate*

Presented this  
21<sup>st</sup> day of August, 2002



Certificate # 02183-BL-0P2

  
STEVE LOOKER  
PRESIDENT - B&L SYSTEMS

# *Certificate of Completion*

*Presented to*

**GENTRY MORRISON FUNERAL HOME**

*Recognizing*

**BRYAN M. KONSECK**

Crematory Operator

*Having successfully completed the Crematory Operator Training as required by the State of Florida on the N-20AA Cremation Retort. B & L Cremation Systems, Inc., a State-approved training organization administered the course.*

*Instructor: Ben Choate*

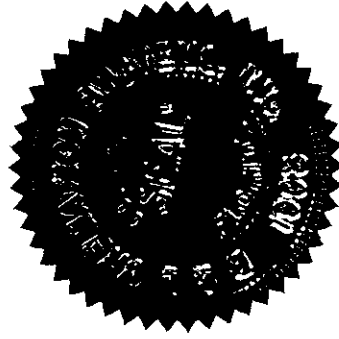
Presented this

21<sup>st</sup> day of August, 2002



STEVE LOOKER  
PRESIDENT - B&L SYSTEMS

Certificate # 02180-BL-0P2



# *Certificate of Completion*

*Presented to*

**GENTRY-MORRISON FUNERAL HOME**

*Recognizing*

**TREY HALL**

Crematory Operator

*Having successfully completed the Crematory Operator Training  
on the N-20AA Cremation Retort. B & L Cremation Systems, Inc.,  
a State-approved training organization administered the course.*

*Instructor: Magnus Hughson*



Presented this

2<sup>nd</sup> day of August, 2001

STEVE LOOKER  
PRESIDENT - B&L SYSTEMS

# *Certificate of Completion*

*Presented to*

**GENTRY-MORRISON FUNERAL HOME**

*Recognizing*

**LEW HALL**

Crematory Operator

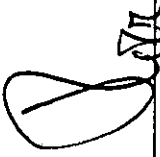
*Having successfully completed the Crematory Operator Training  
on the N-20AA Cremation Retort. B & L Cremation Systems, Inc.,  
a State-approved training organization administered the course.*

*Instructor: Magnus Hugfison*

Presented this

2<sup>nd</sup> day of August, 2001



  
STEVE LOOKER  
PRESIDENT - B&L SYSTEMS

# *Certificate of Completion*

*Presented to*

**GENTRY-MORRISON FUNERAL HOME**

*Recognizing*

**RON NALLS**

Crematory Operator

*Having successfully completed the Crematory Operator Training  
on the N-20AA Cremation Retort. B & L Cremation Systems, Inc.,  
a State-approved training organization administered the course.*

*Instructor: Magnus Hughson*



Presented this

2<sup>nd</sup> day of August, 2001

STEVE LOOKER  
PRESIDENT - B&L SYSTEMS

# *Certificate of Completion*

*Presented to*

**GENTRY-MORRISON FUNERAL HOME**

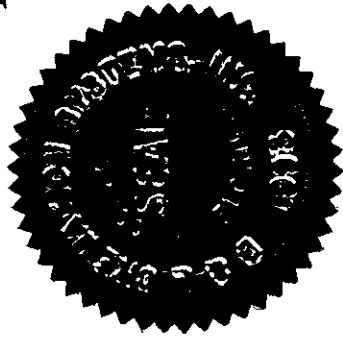
*Recognizing*

**ROBERT D. LEWIS**

Crematory Operator

*Having successfully completed the Crematory Operator Training  
on the N-20AA Cremation Retort. B & L Cremation Systems, Inc.,  
a State-approved training organization administered the course.*

*Instructor: Magnus Hughson*



Presented this

2<sup>nd</sup> day of August, 2001

STEVE LOOKER

PRESIDENT - B&L SYSTEMS





Cremation  
**Systems, Inc.**

7205 - 114th Avenue North • Largo, Florida 33773  
1-800-622-5411 • 727-541-4666 • Facsimile 727-547-0669  
e-mail: blcremsys@aol.com • www.blcremationsystems.com

# SERVICE ORDER

Job number S4307  
Date Ordered 07/29/06  
Technician J. Emery  
Date Started 7/3/06  
Date Finished \_\_\_\_\_  
Shop Time Out 8:00  
Job Time In 9:15  
Job Time Out 13:00  
Shop Time In \_\_\_\_\_

Customer \_\_\_\_\_  
**Gentry-Morrison Funeral Home**  
Lew Hall  
1833 South Florida Avenue  
Lakeland, FL 33803  
Ph: 563-682-3155 Fx: 863-683-4167  
Contact \_\_\_\_\_

Problem Reported Cremation Burner Failure / TAKING 5-6 HRS

TO DO CREMATION

Worked Performed INCREASED DYNAMIC GAS PRESS. FROM 6.7" TO 7.8"

RE-CALIBRATED BURNERS. CLEANED + CALIBRATED OXYGEN SYSTEM.

ALL EXHAUST FANS MUST BE OFF WHILE OPERATING

CREMATION UNIT. NO CASE AVAILABLE FOR CREMATION.

Parts Used \_\_\_\_\_

Parts Ordered \_\_\_\_\_

**The above described work has been completed to my satisfaction.**

Susan M. Adams  
Customer's Authorized Signature

7/3/06  
Date



Cremation  
**Systems, Inc.**

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## SERVICE ORDER

Job number	<u>54287</u>	Customer	_____
Date Ordered	<u>6/7/06</u>		
Technician	<u>B. Chccate</u>		
Date Started	<u>7 June 06</u>	Gentry-Morrison Funeral Home	_____
Date Finished	<u>7 June 06</u>	Lew Hall	_____
Shop Time Out	<u>1000</u>	1833 South Florida Avenue	_____
Job Time In	<u>1100</u>	Lakeland, FL 33803	_____
Job Time Out	<u>1215</u>	Ph: 563-682-3155 Fx: 863-683-4167	_____
Shop Time In	_____	Contact	_____

Problem Reported Service - air adjustments needed.

Worked Performed \* machine was running hot w/ body in upon arrival ① cleaned FRT Ign on CB ② cleaned mixing tube ③ cleaned & adjusted capacity man. for ④ adjusted CB air damper for air in closed position ⑤ adjusted air + Ign on CB ⑥ Preheated & checked out

Parts Used \_\_\_\_\_

Parts Ordered \_\_\_\_\_

The above described work has been completed to my satisfaction.

Susan M. Adams  
Customer's Authorized Signature

6/7/06  
Date



Cremation  
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## SERVICE ORDER

Job number	<u>S4294</u>	Customer	_____
Date Ordered	<u>6/14/06</u>		
Technician	<u>P. CROCKETT</u>		
Date Started	<u>6-14-06</u>	Gentry-Morrison Funeral Home	_____
Date Finished	<u>6-14-06</u>	Lew Hall	_____
Shop Time Out	<u>11:05</u>	1833 South Florida Avenue	_____
Job Time In	<u>12:20</u>	Lakeland, FL 33803	_____
Job Time Out	<u>14:30</u>	Ph: 563-682-3155 Fx: 863-683-4167	_____
Shop Time In	<u>16:00</u>	Contact	_____

Problem Reported Reset Burner

Worked Performed Inspected CB Igniter and Flame Rod to determine cause of CB Failure, Found Igniter to be over gapped causing bad spark and in turn Failure adjusted gap and increased air on CB from 1.6" WC to 2.3" WC

Parts Used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parts Ordered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The above described work has been completed to my satisfaction.**

Susan M. Adams  
Customer's Authorized Signature

6/14/06  
Date



Cremation  
**Systems, Inc.**

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## SERVICE ORDER

Job number 54258 Customer \_\_\_\_\_  
Date Ordered 4/28/06  
Technician E. Donaldson  
Date Started 4-28-06  
Date Finished 4-28-06  
Shop Time Out 10:30  
Job Time In 11:50  
Job Time Out 12:50  
Shop Time In \_\_\_\_\_

Gentry-Morrison Funeral Home  
Lew Hall  
1833 South Florida Avenue  
Lakeland, FL 33803  
Ph: 563-682-3155 Fx: 863-683-4167

Contact \_\_\_\_\_

Problem Reported Service (flame rods) on N20AA /2001  
Cremation Burner failure

Worked Performed REPLACED IGNITOR AND FLAME ROD (customer stock)  
FOR CREMATION BURNER, CHECKED VOLTAGE AT VERI-FLAME 10.1VDC,  
CLEANED OPTIMONITOR LENS AND REFLECTOR AS NEEDED

Parts Used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parts Ordered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The above described work has been completed to my satisfaction.**

Customer's Authorized Signature

4.28.06

Date



<sup>Crema</sup>tion  
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## SERVICE ORDER

Job number	<u>S3899</u>	Customer	_____
Date Ordered	<u>5/5/05</u>	Address	_____
Technician	<u>Bob Roberts</u>	Phone	_____
Date Started	<u>5-6-05</u>	Contact	<u>Ron</u>
Date Finished	_____		
Shop Time Out	<u>10:00 am</u>		
Job Time In	<u>11:15 am</u>		
Job Time Out	_____		
Shop Time In	_____		

Problem Reported Afterburner failure problems.

Worked Performed

- ① Check flame Rod and Ignitor - OK
- ② Replace afterburner VeriFlame control unit
- ③ Run complete cycle - test - verify unit is working properly
- ④ cycle complete unit is functioning properly - reached desired temp.

Parts Used (VeriFlame)  
Flame Monitoring control unit  
Flame Rod purge unit  
Model # 5605  
Date code 0437-V1.01

Parts Ordered \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above described work has been completed to my satisfaction.

Tom Nalls  
 Customer's Authorized Signature

5-6-05  
 Date



Generation  
**Systems, Inc.**

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## SERVICE ORDER

Job Number 1500 53869  
Date Ordered 4/7/05  
Technician Bob Roberts  
Date Started \_\_\_\_\_  
Date Finished \_\_\_\_\_  
Shop Time Out \_\_\_\_\_  
Job Time In \_\_\_\_\_  
Job Time Out \_\_\_\_\_  
Shop Time In \_\_\_\_\_

Customer Gentry Morrison F.H.  
Address 1833 S. Florida Ave  
Lakeland, FL 33803  
Phone 813-482-3155  
Contact Lew Hall

Problem Reported Timer not working correctly.

Worked Performed Check timer - Run machine for 1 1/2 hrs  
mach. cycled properly - Ran crem burner OK  
Everything seems perfectly good - timer funt  
correctly. Reinstall opacity monitor and test.  
with machine running  
(\*Note) IG. SWITCH WAS IN OFF POSITION

Parts Used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parts Ordered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above described work has been completed to my satisfaction.

Susan M Adams  
Customer's Authorized Signature

4-8-05  
Date





**Systems, Inc.**

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## SERVICE ORDER

Job number 53856  
Date Ordered 3/31/05  
Technician Mike Doulin  
Date Started \_\_\_\_\_  
Date Finished \_\_\_\_\_  
Shop Time Out \_\_\_\_\_  
Job Time In \_\_\_\_\_  
Job Time Out \_\_\_\_\_  
Shop Time In \_\_\_\_\_

Customer Gentry Morrison F.H.  
Address 1833 South Fl. Ave.  
Lakeland, FL 33803  
Phone 863-682-3155  
Contact Lew Hall

Problem Reported change out afterburner air switch

Worked Performed REPLACE AIR SWITCH

Parts Used \_\_\_\_\_

Parts Ordered 156 3151 \_\_\_\_\_

The above described work has been completed to my satisfaction.

Robert D. [Signature]  
Customer's Authorized Signature

3-31-05

Date