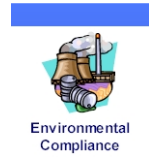




CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0112482 **DATE:** 09/29/2008 **ARRIVE:** 10:05 **DEPART:** 11:30 AM
FACILITY NAME: PAS TECHNOLOGIES INC
FACILITY LOCATION: 10301 N Commerce Pkwy
 MIRAMAR 33025-3961
OWNER/AUTHORIZED REPRESENTATIVE: RICHARD LAUCKNER **PHONE:** (954)624-3168
CONTACT NAME: Ivelisse Gaud **PHONE:** (954)624-3166
ENTITLEMENT PERIOD: 6/11/2006 / 6/11/2011
 (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 ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) -----
 - 2) Surface tension of ≤ 45 dynes/cm (3.1×10^{-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 ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) -----
- c. **Chromium Anodizing**
 - 1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) -----
 - 2) Surface tension of 45 dynes/cm (3.1×10^{-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. Composite Mesh Pad ----- Yes No
- 2. Fiber Bed Mist Eliminator ----- Yes No
- 3. Packed Bed Scrubber ----- Yes No
- 4. Packed Bed Scrubber/Composite Mesh Pad ----- Yes No
- 5. Foam Blanket Fume Suppressant ----- Yes No
- 6. Fume Suppressant w/ Wetting Agent ----- Yes 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

Cynthia V. Fernandez

Sept. 29, 2008

Inspector's Name (Please Print)

Date of Inspection

Sept. 2009

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Minor non compliance due to not maintaining quartely inspections records for the past year. Facility is in the process of obtaining a FESOP with a different AIRS ID.