## FLORIDA

## ANIMAL CREMATORY





AIRS ID#:	INSPECTION TYPE: ANNUAL (INS1, INS2)   COMPLAINT/DISCOVERY (CI)   □						
FACILITY NAME: PET CREMATION SERVICE - SPRING HILL FAC  FACILITY LOCATION: 15204 COUNTY LINE RD  SPRING HILL, 34610  OWNER/AUTHORIZED REPRESENTATIVE: DOROTHY FOSTER PHONE: (727)856-7566  CONTACT NAME: KEVIN FOSTER PHONE: (727)727-992-8497 and JIM CRAYTON PHONE: (727)-856-7566  ENTITLEMENT PERIOD: 10/25/2012 / 10/25/2007  (To) (From)  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 of appropriate box(es))  1. Were there any objectionable odor(s) detected?————————————————————————————————————	RE-INSPECTION (FUI) ARMS COMPLAINT NO.						
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(check <b>☑</b> appropriate box(es))  1. Is there <b>Continuous Emissions Monitoring System</b> (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	<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  Yes No  No					
accordance with the manufacturer's instructions?	<ol> <li>(check ✓ appropriate box(es))</li> <li>Is there Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to record to primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber cor accordance with the manufacturer's instructions?</li></ol>	mbustion zone in  Yes No Yes No ording of such					
1) All measurements (including CEMS)							

	<ul><li>appropriate box(es))</li><li>Monitoring device</li></ul>	$\mathbf{X}$ $\mathbf{Y}_{AS}$ $\mathbf{\Pi}$
	3) Performance Testing Measurements	
	CEMS Performance Evaluation	
	,	
	5) All CEMS or monitoring device calibration checks	
	6) Adjustments	
	7) Preventive maintenance performed on systems/devices	
***	8) Corrective maintenance performed on systems/devices	X Yes
_	this crematory unit constructed: (check only one <b>box</b> )	
_	BEFORE August 30, 1989? (If this box checked, continue on to #3 and skip #4)	
	ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)	
	instructed <u>BEFORE</u> August 30, 1989 is the:	$\square_{\mathcal{M}}$ . $\square$
b)	secondary chamber combustion zone providing at least a 1.0 second gas residence time @ <b>1600°F</b> ?actual operating temperature of the secondary chamber combustion zone no less than <b>1400°F</b>	
	throughout the combustion process in the primary chamber?	- Yes
	cremation in the primary chamber begun after the secondary chamber combustion zone temperature	п п
	is equal to or greater than <b>1400°F</b> ?required monitoring equipment installed and operational, and providing continuous monitoring to	- U Yes U
	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 □
I. If co	nstructed <b>ON</b> or <b>AFTER</b> August 30, 1989 is the:	
	volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time	
	@ 1800° F?	X Yes □
	the actual operating temperature of the secondary chamber combustion zone no less than 1600°F	
	throughout the combustion process in the primary chamber?	
	secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation	
	process begins in the primary chamber? appropriate leak-proof containers containing no more than 0.5 % (percent) by weight chlorinated	- 🖎 Yes 🖵
	stics used during the cremation of dead animals?	V <sub>os</sub>
	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	
1	their use and for at least two years after their use?	⊠ Yes □
	If plastic bags are used for the cremation of animals are they non-chlorinated and no less than 3 mils	
	thick?	⊠ Yes □
,	Are dead animals, which have been used for medical or commercial experimentation, or other	
1	materials, including biomedical wastes (Rule 62-210.200, F.A.C.), incinerated at this location?	- 🖵 Yes 🔀

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PART IV: EQUIPMENT MAINTENANCE – Rule 62-	296.401, F.A.C.	
1. Is the crematory unit maintained in proper working	ng order?	×Yes $\square$ No
2. Are there maintenance record kept onsite?	[	$\mathbf{X}_{\mathrm{Yes}} \mathbf{\square}_{\mathrm{No}}$
3. Is there a written plan onsite which addresses the	operating procedures during startup,	
shutdown and malfunction?	<u>-</u>	$\mathbf{X}_{\mathrm{Yes}} \; \mathbf{\square}_{\mathrm{No}}$
PART V: SPECIAL CONDITIONS AND PROCEDUR	<u>tES</u> – Rule 62-210.310(2), F.A.C.	
A. New or Modified Process Equipment		
1. Since the last inspection has there been		
a) installation of any new process equipment?	[	$\mathbf{X}_{\mathrm{Yes}}  \mathbf{\square}_{\mathrm{No}}$
b) alterations to existing process equipment wit	hout replacement?	Yes No
c) replacement of existing equipment substantia	ally different than that noted on the most	
		<b>Y</b> es⊠No
d) If you answered <u>YES</u> to any of the above, die		
notification form and appropriate fee (Rule 6	to the appropriate DEP or	Vy. Dy.
iocai program omce:		res — No
day notice received to perform a VE on the new of This new unit was purchased from Sumter (Anim sent to a Pinellas County (1030129) facility recent	new registration form received a few months ago crematory unit (EU006) listed on that new registrated) Cremation Services (1190044). The unit it reputly bought by Foster's cremation services. The VI units were watched for smoke and there was no standard the services are in compliance for this day.	tion form. blaced was E audited
Joseph V. Panetta	07/08/2009	
Inspector's Name	Date of Inspection	
Inspector's Signature	Approximate Date of Next Inspection	

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