



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0251098 **DATE:** 4/15/08 **ARRIVE:** 10:15am **DEPART:** 10:45am

FACILITY NAME: IMPERIAL PLATING

FACILITY LOCATION: 2070 NW 141st ST
 OPA LOCKA 33054-4137

OWNER/AUTHORIZED REPRESENTATIVE: ALEX LLANES **PHONE:** (786)517-3461

CONTACT NAME: **PHONE:**

ENTITLEMENT PERIOD: 7/12/2007 / 7/12/2012
 (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. <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 checked="" type="checkbox"/> Foam Blanket Fume Suppressant ----- | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent ----- | <input type="checkbox"/> Yes <input 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?

- 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
- 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
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ----- Yes No
- 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
- Results of all performance tests. ----- Yes No N/A
- 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

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

Marques Lopez

4/15/08

Inspector's Name (Please Print)

Date of Inspection

4/09

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: ON APRIL 15, 2008 I VISITED THIS FACILITY TO CONDUCT THE ANNUAL COMPLIANCE INSPECTION. ONSITE I MET ROBERTO PEREZ, AN ATTENDANT AT THE FACILITY. THE FACILITY USES A WETTING AGENT TO SUPPRESS ANY POTENTIAL FUMES. THERE WERE NO FUMES BEING EMMITTED FROM THE CHROMIC TANK.