

Annual Report Instructions

Section I: General Facility Information

Reporting Period: Enter the beginning and ending dates for the reporting period covered by this report. Facilities operating with a State Facility Permit are assigned a report due date as a permit condition. The reporting period for facilities operating under an Air Facility Registration typically begins the date the registration is effective and ends one year from that date. The report is due within 30 calendar days (for example: a Registration's effective date was 4/10/2006, the reporting period would be from 4/10/2006 through 4/9/2007 and the report due on or before 5/10/2007. Future reports will be due on or before May 10 for subsequent years).

NYSDEC Identification Number: Enter the 10 digit NYSDEC Identification Number assigned to your facility. This number is can be found on the facility's Air Facility Registration or State Facility Permit.

Number of Cremation Units: Enter the total number of cremation units that operated during the reporting period.

Facility Name: Enter the facility's name as printed on the NYSDEC Air Facility Registration or State Facility Permit. Do not use an abbreviated name.

Mailing Address: Enter the complete mailing address for the facility.

Contact Information: Enter the name, title, telephone number and facsimile number (optional) for the contact person. The contact person should be a person familiar with the day-to-day operations of the cremation unit and the details included in the report. Such persons are typically the facility manager or other knowledgeable individual who a NYSDEC representative may contact for additional information, if necessary.

Responsible Official: A president, vice president, secretary, treasurer, general partner, proprietor, principal executive officer, ranking elected official, or any other person who performs policy or decision making functions and is authorized to legally bind the facility.

Provide the name, title, address, telephone number and facsimile number (optional) for the Responsible Official.

Certification by Responsible Official: By signing the certification, after all forms are complete and the Responsible Official has reviewed the information, the Responsible Official certifies that the information submitted in the Annual Report is true, accurate and complete.

Certification Date: Enter the date the Responsible Official signed and certified the Annual Report.

Section II: Cremation Unit Information

This form must be filled out for each of the cremation units at this facility that was operated at any time during the reporting period. For example, if the facility only operated one cremation unit during the reporting period, only one Section II form needs to be completed. If the facility operated three cremation units during the reporting period, three Section II forms must be completed.

Facility Name: Enter the name of the facility.

Reporting Period: Enter the reporting period.

Manufacturer: Enter the name of the manufacturer for this cremation unit.

Make & Model: Enter the make and model information for this cremation unit.

Date Installed: Enter the date this cremation unit was installed.

Cremation Unit Number: Enter the number for this cremation unit with respect to the total number of cremation units included in this report. For example, if there is only one cremation unit included in this report, the Cremation Unit # is 1 of 1. If there are three cremation units included in this report, the Cremation Unit #'s will be 1 of 3 on the first Section II form, 2 of 3 on the second Section II form and 3 of 3 on the third Section II form.

For each parameter identified, complete the following:

Inspection / Maintenance Date: Enter date of the most recent visual inspection or maintenance performed on component. Date must be within the reporting period for this report. If the entire cremation unit was inspected or maintenance performed on the same day, enter the date once and enter "same" for the rest is acceptable.

Replacement Date: Enter date only if the original component of the cremation unit has been replaced since the unit was installed.

Condition: Indicate the condition of the component upon completion of the inspection or maintenance performed on the Inspection / Maintenance Date. Condition should reflect any maintenance performed on the component during inspection. The following ratings indicates that upon completion of inspection and/or maintenance,

Good: the component is operating properly and within manufacturer's specifications. No additional inspection, maintenance or repairs are needed or expected for this component.

Fair: the component is operating properly and within manufacturer's specifications, but displays wear and tear or deterioration that indicates additional inspection(s) is required during the year to ensure proper operation.

Poor: the component is functional but deteriorated and will need additional service, maintenance or replacement soon as practicable.

Design Parameters / Requirements: Check and complete all items pertinent to this cremation unit.

Secondary chamber temperature is maintained at no less than 1800°F. Check this box if this cremation unit, as designed, operates as a dual combustion chamber system or operates a single chamber cremation unit. This section includes components of the combustion chamber that, at minimum, require inspection and, as necessary, maintenance in order to ensure 1800°F exit temperature is maintained.

Thermocouple: Check this box if the thermocouple is operating properly and within manufacturer's specifications.

Enter the manufacturer's anticipated useful life of the thermocouple.

Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

Afterburner: Check this box if the afterburner is operating properly and within manufacturer's specifications.

Enter the afterburner's maximum heat input in Btu's per hour.

Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

Primary chamber temperature is maintained at no less than 1400°F. Check this box if this cremation unit, as designed, operates as dual combustion chamber system. This section includes components of the primary combustion chamber that, at minimum, require inspection and, as necessary, maintenance in order to ensure 1400°F exit temperature is maintained.

Thermocouple: Check this box if the thermocouple is operating properly and within manufacturer's specifications.

Enter the manufacturer's anticipated useful life of the thermocouple.

Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

Ignition burner: Check this box if the ignition burner is operating properly and within manufacturer's specifications.

Enter the ignition burner's maximum heat input in Btu's per hour.

Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

Cremation burner: Check this box if the ignition burner is operating properly and within manufacturer's specifications.

Enter the cremation burner's maximum heat input in Btu's per hour.

Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

Auxiliary Burners: Check this box if additional burner(s), used to maintain the temperature of the primary or secondary chambers, are operating properly and within manufacturer's specifications.

Describe the additional burner(s) (i.e., modulating)

Enter the additional burner(s) maximum heat input in Btu's per hour.

Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

Operating Parameters / Requirements: Emissions from the cremation unit must be less than 10% for a six-minute average time period. Check and complete one of the options listed.

Installed opacity monitor: Check this box if there is an automated opacity monitor installed on the exhaust of this cremation unit. The output from the opacity monitor signals 1) an alarm alerting the operator to take measures to reduce opacity or 2) control module that automatically adjusts combustion variables to reduce opacity.

Enter the set point at which the for the opacity monitor signal is triggered.

Indicate (yes / no) that the transmitter and detector components for the opacity monitor are clean and aligned.

Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

Visual Inspection: Check this box if the exhaust has been visibly checked during the unit's operation. Provide any comments relating to the visible emissions or opacity observed during the unit's operation.

Continuous Emission Monitoring: The primary and secondary chamber exit temperatures must be continuously monitored and recorded while the unit is in operation. Indicate component's replacement date (if applicable) and condition.

Temperature Recorder: Indicate (circle one) whether the temperature recorder has either dual pens or a single pen

Pen(s) are functional: Check this box to indicate that the pen(s) are recording the chamber temperature(s).

Recording accurately reflect chamber temperature(s): Check this box to indicate that the temperature(s) recorded accurately reflect the chamber temperature(s).

Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

Additional Parameters: Check each component that has been inspected during the reporting period. Indicate component's replacement date (if applicable) and condition. Provide any additional comments regarding condition, maintenance, repair, cleaning, etc. performed during the inspection or reporting period.

**New York State Department of Environmental Conservation
Subpart 219-4 Crematory Operation Annual Report Form**

Section I: General Facility Information

Reporting Period: through	NYSDEC ID #:	# of Cremation Unit(s):
Facility Name:		
Mailing Address: _____		
Contact Information:		
Name: _____		
Title: _____		
Telephone Number: _____		Facsimile Number (optional): _____
Responsible Official:		
Name: _____		
Title: _____		
Mailing Address: _____		
Telephone Number: _____		Facsimile Number (optional): _____
Report Format: <i>check one</i>		
<input type="checkbox"/> A furnace technician has performed an inspection of the cremation unit(s) at this facility during the reporting period stated above. A copy of their report is attached.		
<input type="checkbox"/> The facility has prepared this report and information provided is based on routine inspection, prescribed maintenance and / or service checks performed on the cremation unit(s). Section II, Cremation Unit Information form is attached for each cremation unit operating during the reporting period.		
Certification by Responsible Official:		
I certify that the condition and operation of the cremation unit(s) at the above named facility, including calibration of all instrumentation, meet manufacturer's specifications.		
Signature of Responsible Official: _____		Date: _____

**New York State Department of Environmental Conservation
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Section II: Cremation Unit Information

Facility Name:	Reporting Period: _____ through _____
Manufacturer:	Make & Model:
Date Installed:	Cremation Unit #: _____ of _____

Design Parameters / Requirements: <i>check & complete all that apply</i>	Inspection / Maintenance Date	Replacement Date	good	fair	Poor
<input type="checkbox"/> Secondary chamber temperature is maintained at no less than 1800°F <input type="checkbox"/> Thermocouple: Manufacturer's specified useful life: _____ Additional description of condition or actions taken: _____ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Afterburner: Heat Input Rating: _____ Btu/hour Description of condition or actions taken: _____ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Primary chamber temperature is maintained at no less than 1400°F. <input type="checkbox"/> Thermocouple: Manufacturer's specified useful life: _____ Additional description of condition or actions taken: _____ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ignition burner: Heat Input Rating: _____ Btu/hour Additional Description of condition or actions taken: _____ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cremation burner: Heat Input Rating: _____ Btu/hour Description of condition or actions taken: _____ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Auxiliary Burners: Additional burner(s): _____ Heat Input Rating: _____ Btu/hour Description of condition or actions taken: _____ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Parameters / Requirements: Cremation unit has maintained six-minute average opacity of less than 10%. <i>Check and complete one.</i>					
<input type="checkbox"/> Installed opacity monitor, set point _____ % Transmittor/Dector clean & aligned: yes / no Description of condition or actions taken: _____ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Visual Inspection: Opacity has been visually checked during the unit's operation. Comments: _____ _____ _____					

Section II: Cremation Unit Information - *continued*

Facility Name:	Reporting Period:	through			
Manufacturer:	Make & Model:				
Date Installed:	Cremation Unit #:	of			
Design Parameters / Requirements: <i>check & complete all that apply</i>	Inspection / Maintenance Date	Replacement Date	good	fair	poor
Continuous Emission Monitoring: Primary and Secondary exit temperatures are continuously monitored and recorded while the unit is in operation.					
Temperature recorder: Dual or single pen					
<input type="checkbox"/> Pen(s) are functional	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recordings accurately reflect chamber temperature(s)					
Description of condition or actions taken: _____					
Additional Parameters:					
<input type="checkbox"/> Primary Chamber Refractory Condition:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Secondary Chamber Refractory Condition:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Stack Condition:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Area around unit is free of debris:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Spark Plug Condition	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:					

