

Department of Environmental Protection

DEP Form	# 62-701,900(21)
	Waste Tire Processing Facility Quarterly Report
Effective D	Pate _3/22/00
DEP Appli	cation No. (Filled in by DEP)
4	53120

BSHW

Waste Tire Processing Facility Quarterly Report

Pursuant to Rule 62-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following information to the Department quarterly.

arter covered by	y this report	9/30/2011	- 12/31/2011	First quarter	begins on Janu	uary 1 of any	given year)
					ter Cty		
2. Facility mailin							
City: Wild			County:	*	Z	ip: 34785	
3. Facility permi		136806-0	004-WT				
l. Facility teleph							
. Authorized pe					Plant C	peration	S
. Affiliation wit	, ,	.g 10p0,0	Hark Da.	LICY / VI	1 14	<u> </u>	-
. Telephone nu	•	ront from abo		· · · · · ·			
. Telephone nu . Activity: Re	and the second second	Tent Hom 200	(ve). <u>1</u>	_/			
Acuvity: Re	Beginning	Received	Processed	Consumed	Removed	Adjustments	Ending
	Inventory				Kemovod	- Cojustinionts	Inventory
Used Tires	647.88	2353.88	(2295,75)	<u> </u>			<u> </u>
Other whole Tires		<u></u>					
Processed tires	947.36		2002.40	(209334	>	1	
Processing Waste			293.35	. 196 /	(293.35)		
Other							
Total							
	d in which or			ntory exceede	d the permitte	d maximum fo	r that
	ss inventory a onal sheets, i		he quarter, sta	ite how and v	when this cond	lition will be re	elieved.
Certification: To the best of	my knowledge	and belief, I c	ertify the inform	ation provided	in this report is	true, accurate, a	ind complete.
Mar	<u>KJ.B</u>	aileu	_ m	al Bailes	·]- 0	7-12
Print Nam	e of Authoriz	ed Agent	Sig	mature of Au	thorized Agent	:	Date

Mail complete form to the appropriate district office



Sumter County Fire Rescue Fire & Life Safety Inspection

Date 12/15/2011 Time <	7:3	0	D	ate of Last Inspection ///	3/2	010		
Address 1201 INDUS				· · · · · · · · · · · · · · · · · · ·		,		
	211		06	DECUCIA)CO				
Name of Business GLORAL TIRE RECYCLING Contact Person MARK RAILEY Phone No. 330-2213 Type of Occupancy CAISTING INDUSTRIAL NFPA 101 Chap. 40								
Type of Occupancy								
Type of Construction About TRIAL NEW of Charles								
Type of Construction Type	71		T	Number of Stories / Number of Stories / Yes No NA				
1. General	Yes	No	N/A	9. Protection of Vertical Openings		No	N/A	
Bldg. Altered or renovated since last Insp.?	ļ	X		Ceiling tiles missing or broken?		_X_	 	
Is building mixed occupancy? What other occupancies?		X	1	Ducts and pipes properly sealed at ceiling?	X		ļ	
Building construction acceptable?	-17-		X	10. Interior Finish	×			
2. Occupant Load and Exits	- X		 	Wall and ceiling materials per code? Is interior finish per code?	X			
Are exits per code?		X		Fixed Seating	1		X	
Number of exits? 1 2 3 (4 or more)		_		Are curtains and drapes per code?	X	 	-	
Is egress capacity adequate?	X		 	Floor finish per code?	X			
Fire rating of exit stair enclosure 1 hr 2 hr			X		1-			
Fire rating of exit stair enclosure 1 hr 2 hr			 	11. Operating Features	X		ļ	
Doors self-closing?	 		X	Is there a written emergency plan? Are fire drills conducted?	1-		-	
Latching door hardware?	 		X		}		- ×	
Exit enclosures free of storage?			X	Number of fire drills conducted per year	X		X	
			-	Are employees instructed in fire ext. use?			 	
Do 100% of exits discharge directly outside?	X			Has evacuation / relocation been established?	X		 	
Do 50% of exits discharge directly outside?	X	 	X	Is there daily inspection of exits?	<u> </u>	 		
Is exit discharge level?		 		12. Alarm and Detection	X		<u> </u>	
Is exit discharge sprinklered?			X	Is there a manual alarm system?				
Is stair entry per code?			X_	Is there a fire detection system?	X			
3. Doors	-			Smoke detectors				
Are doors blocked?	_X	<u> </u>		Heat detectors	X	ļ		
Are doors locked?		X		Audible alarm	X			
Is ≤15-lb force required to release latch?		X		Visual alarm	X			
Doors open in direction of travel?	X			Alarm system within certification?	X			
Is there panic hardware per code?	X			Is alarm system monitored 24 hours a day?	1			
4. Egress Arrangement				Number and location of pull stations per code?	X.			
Is egress clear and unobstructed?		X		13. Extinguishment				
Are dead-end corridors within limits?	X			Is the building sprinklered throughout?	X	ļ		
Is common path of travel within limits?	X			Partial sprinklers			X	
Is travel through intervening rooms okay?	X			Is there a water flow alarm?	-X			
Is egress blocked?		_X_	·	Are the valves supervised?				
Is aisle width adequate?	X			Is there a standpipe?		X		
Is travel distance per code?				Is the sprinkler system within certification?	X			
5. Emergency Lighting				Is there a fire pump?		X		
Is emergency lighting per code?		X.		Date of last pump test			X	
Is it tested monthly?	_X_			Number of fire extinguishers within code?	X			
6. Exit Marking				Travel distance for fire extinguisher per code?	χ			
Is exit marking per code?	X			Are fire extinguishers within certification?		X		
7. Corridors				Are fire extinguishers mounted properly?	X			
Is 1 – hr rating required?			X	Are fire extinguishers accessible?	X			
Is rating 1-hr corridor walls w/ 20 min. doors?			X	14. Building HVAC & Utilities				
8. Protection of Hazards				Are Utilities in good working order?	X			
Hazards protected by fire rate enclosure?			X	Emergency shut-offs/circuit breakers labeled?	X			
Hazards protected by ext. sys.?	X			Is there an emergency generator?	X			
Hazards protected by self-closing door?			Ϋ́	Date last tested QuARTCRLY		/		
Is kitchen cooking protected?			X	LP Gas Tanks, Location & Condition			X	
Kitchen hood and duct last cleaned			X	LP Gas Meter & Shutoff			X	
9. Protection of Vertical Openings				Electrical MDP per code?	X,]	
Are vertical openings enclosed?			X	Electrical wiring	X			
Are elevators enclosed?			X	Acceptable Use of Electrical Extension Cords	X			
Is atrium per code?			X	Acceptable Use of Power Strips	X			
Are ≤ 3 levels open per code?			X	Elevator recall (phase I)?	<u> </u>		X	

14. Building HVAC & Utilities cont.	Yes	No	N/A
Fire Dept. elevator control (phase II)?			×
Are stages per code?			X
Are platforms / risers per code?			X
HVAC system in good working order?	X		
Interior air intakes cond.?	X		T
Exterior air intakes cond.?	X		
Smoke removal system function			X

	Yes	No	N/A
Are Janitor's closets sprinklered?			X
Are rescue windows in each classroom per code?		'	X
Are smoke barriers per code?	χ		
Proper handling of trash and rubbish?	X		
Proper storage of hazardous materials	X		
Proper storage of flammable / combustible liquids?		X	
	• '		

Comments
(1) NUMEROUS FIRE EXT. NO INSPECTION TAG OF PIN & SEAC
(21/2 WATER PRESSURE TYPE) OK BB
2) EMERGENCY LIGHTS NEEDED IN BATHROOMS OK BB
3 EXIT ON SOUTH WALL BLOCKED BY FOUD & MATERIALS OK BE
DDRY CHEMICAL FIRE EXT. REQUIRED IN MAINT, SHOP AREAS
5) 1" ASPIRATION SOCKS BLOCKING EXIT ON NORTH WALL OK be
@ FIRE EXTINGUISHER REQUIRED IN DERIMMER AREA OKE
D SHREDED MATERIAL TOO CLOSE TO DERIMMER EQUIP. B
(8) STORAGE TOO CLOSE TO CEILING IN RECORDS ROOMS OBB CANNOT EXCESS BE CLOSER THAN 18".
CANNOT EXECUSER THAN 18".
9 SECONDARY CONTAINMENT OF LIQUID MATERIALS IN USE BY
REQUIRED (DILS & FLUIDS)
Inspection performed by: Read Burris Insp. # 116632
Signature Date: 12/15/2011
Inspection Passed on Inspector's Initials
Inspection Failed on 12/15/2011 Inspector's Initials
Re-Inspection scheduled for <u>JAN</u> , <u>30</u> , <u>2012</u> Time: <u>8,30 AM</u>
Re-Inspection Passed on Jan 9, 2012 8:30 Inspector's Initials
Re-Inspection Failed on Inspector's Initials
I have received a copy of the results of this inspection. I understand the nature of deficiencies noted during this inspection and that they need to be corrected in the specified time allowed.
Authorized Representative Managerile, Date: 12/15/2011