



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

**Maryland Board of Morticians and Funeral Directors  
Crematory Inspection**

*(Reference MD Code, Ann., Health Occupations Title (Health Occ.) §§ 7-205(c)  
Code of Maryland Regulations (COMAR) 10.29.18; 10.29.19; 10.29.20)*

|  |  |   |  |
|--|--|---|--|
| <b>Crematory Business Name:</b>  |  | <b>Date and Time:</b>                                 |  |
| <b>Related Crematories:</b>  |  | <b>Crematory Permit Number:</b>                       |  |
| <b>Purpose for Inspection:</b>   | <input type="checkbox"/> New   | <input type="checkbox"/> Routine                      | <input type="checkbox"/> Deficiency Follow-Up <input type="checkbox"/> Other _____   |
| <b>Permit Conspicuously Displayed:</b>   | <input type="checkbox"/> At Receiving Area <input type="checkbox"/> At Viewing Area  |   |  |
| <b>Supervising Registered Crematory Operator:</b>  |  | <b>Person Who Accompanied Inspector:</b>              |  |
| <b>Maryland Permits Conspicuously Displayed</b>  | <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Maryland Department of Health Permit                |   |  |
| <b>Certifications of Supervising Crematory Operator:</b>                                   | <input type="checkbox"/> Posted  | <input type="checkbox"/> Machine Operator Cert        | <input type="checkbox"/> Manufacturer Training                                       |
| <b>Health &amp; Sanitation (COMAR 10.29.18.02D)</b>  |  |   |  |
| <b>Cremation Room:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No            | <b>Cremation Machine:</b>  |   |  |
| <b>Pet Cremation Machine:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No     | <b>Signage for "Pets Only":</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A          |   |  |
| <b>Used Exclusively for Pets:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Pets Only Tools &amp; Pulverisor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |   |  |
| <b>Human Remains Storage Area (Clean and Sanitary):</b>                                    |  |   |  |
| <b>Refrigeration Unit:</b>   | <input type="checkbox"/> Sanitary and Clean  | <input type="checkbox"/> Impervious                   | <b>How Stored?</b> <input type="checkbox"/> Shelved <input type="checkbox"/> Stacked |
| <b>Refrigeration Temp (40 or Under) If in use please, note the temperature:</b>            |  |   |  |
| <b>Number of Human Retorts/Cremators:</b>  |  | <b>Door Safety Latch on Each Retort/Cremator:</b>     |  |
| <b>All Remains Properly Encased (Leak Resistant Minimal Box, Number of Bags):</b>          |  |   |  |
| <b>Number of Pulverisor Machines:</b>  | <b>Number of Exclusive Pet Pulverisor:</b>   | <b>Number of Clamped and Locked:</b>                  |  |
| <b>Floors, Walls, Ceilings:</b>  | <input type="checkbox"/> Smooth  | <input type="checkbox"/> Impervious Washable Material | <input type="checkbox"/> Clean & Sanitary  |
| <b>Adequate Lighting:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No         | <b>6" Clearance Smokestack to Roof:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                               |   |  |

Updated 4/15/21

|   |  |   |  |
|---|--|---|--|
| <b>Exterior Observation of Smokestack:</b> Not in Use <input type="checkbox"/> Yes <input type="checkbox"/> No<br>No Smoke: <input type="checkbox"/> Yes <input type="checkbox"/> No      Smoke <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <b>“No Leaning Past the Door of the Cremator” Signs:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                      |  |
| <b>Medical Waste Disposal Receptacles Utilized:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <b>Metal Medical Waste Disposal:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b>Dates of Last Two Pick-ups:</b><br>Date 1:                                  Date 2:  |  | <b>Last Two Metal Bio Pick-up/Ship-out:</b><br>Date 1:                                  Date 2:   |  |
| <b>Adequate Cleaning Materials:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <b>Chemicals Labeled to OSHA Standards:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Instruments &amp; Equipment – Water Supply</b> (COMAR 10.29.18.02D, 10.29.19.11)   |  |   |  |
| <b>Hot Water:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Cold Water:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Separate Hand Washing Sink:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Emergency Eye Station:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Instruments Clean and Sanitary:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |
| <b>Tools Available (ID by Letter):</b>  |  | <b>Tools in Use (ID by Letter):</b>   |  |
| A. Safety Placement Tool Measuring a Minimum of 49” in Length: <input type="checkbox"/><br>B. Wire Brushes for Cleaning Cremators: <input type="checkbox"/><br>C. Brush with Fine Bristles for Cleaning Pulverisor: <input type="checkbox"/><br>D. Mortar & Pestle: <input type="checkbox"/><br>E. Funnel: <input type="checkbox"/><br>F. High Temperature Protective Gloves & Heat Resistant Leather Gloves: <input type="checkbox"/><br>G. Hand Magnet & Metal Detector Wand to Detect & Remove Metal from Cremated Human Remains: <input type="checkbox"/><br>H. Tweezers to Remove Nonmetal Objects from Cremated Human Remains: <input type="checkbox"/><br>I. Dust Masks: <input type="checkbox"/><br>J. Recommend Ear Plugs: <input type="checkbox"/><br>K. Apron: <input type="checkbox"/><br>L. Eye Protection: <input type="checkbox"/><br>M. Cremation Pan: <input type="checkbox"/> |  |   |  |
| <b>Privacy</b> (Health Occ. § 7-411; COMAR 10.29.19.04)   |  |   |  |
| <b>Location of the Identification of Human Remains:</b>   |  | <b>Private:</b>   |  |
| <b>Doors Tight Closing &amp; Windows Maintained to Obstruct View into Cremation Room</b>  |  |   |  |
| <b>ID Room:</b>   | <b>Cremains Storage Locked:</b>  | <b>Crematory Room Secured:</b>  |  |
| <b>Facilities</b>   |  |   |  |
| <b>Attached Viewing Room (Window):</b>  |  | <b>Health and Safety Concerns:</b>  |  |
| <b>Viewing of Cremation in Crematory Room?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |   |  |
| <b>Safety Issues:</b>   | <b>Rest Rooms Operable:</b>  | <b>Hot Water:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Cold Water:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Office Used Exclusively for Making Arrangements:</b>   |  | <b>Facility Safety Issues:</b>  |  |

|   |   |   |  |
|---|---|---|--|
| <b>Working Business Phone on Premises:</b>  |   | <b>Cleanliness / Appearance of / Safety on Grounds:</b> |  |
| <b>Listings, Publications, Ads Reviewed Indicate True Firm Name:</b>                            |   |   |  |
| <b>Ownership Signage:</b>   | <input type="checkbox"/> <b>Conspicuously Displayed</b>                   | <input type="checkbox"/> <b>Letters at Least 1"</b>     |  |
|   | <input type="checkbox"/> <b>Permanent</b>                                 | <input type="checkbox"/> <b>Firm Name Correct</b>       |  |
| <b>Documentation Furnished to Inspector (COMAR 10.29.18.02.E)</b>                               |   |   |  |
| <b>***Records Checked (Last 3 Completed Cremations and 1 Random from Past):</b>                 |   |   |  |
| <b>Completed Cremations Records Containing:</b>   |   |   |  |
| <input type="checkbox"/> <b>Identification of Remains</b>                                       |   |   |  |
| <input type="checkbox"/> <b>Cremation Authorization</b>   |   |   |  |
| <input type="checkbox"/> <b>Receipt for Funeral Home Release</b>                                |   |   |  |
| <input type="checkbox"/> <b>Certification of Cremation</b>                                      |   |   |  |
| <input type="checkbox"/> <b>Burial Transit Permit</b>   |   |   |  |
| <input type="checkbox"/> <b>Record of Cremation</b>   |   |   |  |
| <input type="checkbox"/> <b>Return of Cremated Remains</b>                                      |   |   |  |
| <input type="checkbox"/> <b>Delegation of Authority Form</b>                                    |   |   |  |
| <b>Files Copied for Inspection Committee:</b>   |   |   |  |
| <b>Company:</b>   | <b>Date of Manufacturer's Required Inspection Per Specification Date:</b> |   |  |
|   | <b>Next Inspection Due Date:</b>  |   |  |
| <b>The Permit Holder has Requested that the Manufacturer Conduct an Inspection of Cremator:</b> |   |   |  |
| <b>Violations Issued:</b>   |   | <b>Days to Correct:</b>                                 |  |

**Acknowledgement of Receipt: I have received this inspection report and I understand the findings of this inspection. By signing this report, I agree to remedy all deficiencies above with the number of days stated.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Inspector Date

**Inspector not allowed Access to Crematory: \_\_\_\_\_**

\_\_\_\_\_  
Signature of Person Refusing Inspection Date

**Board Signature of Agreement Violation: \_\_\_\_\_ Pass Letter: \_\_\_\_\_**

**Board Comments:**

\_\_\_\_\_  
**Board Pass** Signature Date