



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, 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)*

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

Updated 4/15/21

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

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