MARYLAND BOARD OF MORTICIANS & FUNERAL DIRECTORS FUNERAL CREMATORY INSPECTION REPORT _____, Date

_____

CREMATORY NAME CREMATORY PERMIT #

RELATED CREMATORIES: _____

PURPOSE FOR INSPECTION: NEW _____ ROUTINE _____ DEFICIENCY FOLLOW-UP _____ OTHER _____

PERMIT CONSPICUOUSLY DISPLAYED: AT RECEIVING AREA,_____AT VIEWING AREA_____

SUPERVISING REGISTERED CREMATORY OPERATOR (name): _____

PERSON WHO ACCOMPANIED INSPECTOR: _____

MARYLAND PERMITS CONSPICUOUSLY DISPLAYED: OCCUPATION PERMITS _____ MDE PERMIT: _____

CERTIFICATIONS of SUPERVISING CREMATORY OPERATOR: (posted) _____ MACHINE OPERATOR CERT:_____
MANUFACTURE TRAINING:_____

1. HEALTH & SANITATION:

CREMATION ROOM: _____CREMATION MACHINE: _____

PET CREMATION MACHINE: _____ SIGNAGE FOR "PETS ONLY"_____
USED EXCLUSIVELY FOR PETS? _____PET ONLY TOOLS & PULVERISOR_____

REMAINS STORAGE AREA: (CLEAN & SANITARY)_____

REFRIGERATION UNIT: SANITARY & CLEAN: _____ IMPERVIOUS: _____ HOW STORED (SHELVED/STACKED): _____

REFRIDGERATOR TEMP (40 OR UNDER) _____

NUMBER OF HUMAN RETORTS/CREMATORS: _____ DOOR SAFETY LATCH ON EACH MACHINE: _____

ALL REMAINS PROPERLY ENCASED: (LEAK RESISITANT MINIMAL BOX, NO BAGS) _____

NUMBER OF PULVERIZERS MACHINES: _____ EXCLUSIVE PET PULVERIZER: _____ CLAMPED/LOCKED: _____

FLOORS, WALLS, CEILINGS: SMOOTH: _____ IMPERVIOUS WASHABLE MATERIAL: _____

FLOORS, WALLS, CEILINGS & SURFACES CLEAN & SANITARY: _____

ADEQUATE LIGHTING: _____ 6" CLEARANCE SMOKE STACK TO ROOF: _____

EXTERIOR OBSERVATION OF SMOKE STACK (NO SMOKE, SMOKE, NOT IN USE) _____

"**NO LEANING PAST THE DOOR OF THE CREMATOR**" SIGNS: _____

PROPER BIO-WASTE RECEPTACLES UTILIZED: _____METAL BIO HAZZARD CONTAINER_____

DATES OF LAST TWO (2) PICK-UPS: _____LAST (2) METAL BIO PICK UP/ SHIP OUT_____

ADEQUATE CLEANING MATERIALS: _____ CHEMICALS LABELED TO **OSHA** STANDARDS: _____

2. INSTRUMENTS & EQUIPMENT – WATER SUPPLY:

HOT & COLD WATER: _____ SEPARATE HAND WASHING SINK: _____ EMERGENCY EYE WASH _____

INSTRUMENTS CLEAN & SANITARY: _____

TOOLS AVAILABLE: (ID BY LETTER) _____ TOOLS IN USE: (ID BY LETTER) _____

A. SAFETY PLACEMENT TOOL MEASURING A MINIMUM OF 49" IN LENGTH: _____
B. WIRE BRUSHES FOR CLEANING CREMATORS: _____
C. BRUSH WITH FINE BRISTLES FOR CLEANING PULVERIZERS: _____
D. MORTAR & PESTLE: _____
E. FUNNEL: _____
F. HIGH TEMPERATURE PROTECTIVE GLOVES & HEAT RESISTANT LEATHER GLOVES: _____
G. HAND MAGNET & METAL DETECTOR WAND TO DETECT & REMOVE METAL FROM CREMATED HUMAN REMAINS: _____
H. TWEEZERS TO REMOVE NONMETAL OBJECTS FROM CREMATED HUMAN REMAINS: _____
I. DUST MASKS: _____
J. RECOMMEND EAR PLUGS: _____
K. APRON: _____
L. EYE PROTECTION: _____
M. CREMATION PAN_____

3. PRIVACY:
WHERE IS IDENTIFICATION PERFORMED: _____ PRIVATE: _____

DOORS TIGHT CLOSING & WINDOWS MAINTAINED TO OBSTRUCT VIEW INTO CREMATION ROOM: _____

ID ROOM: _____ CREMAINS STORAGE LOCKED: _____ CREMATORY ROOM SECURED: _____

4. FACILITIES:
ATTACHED VEIWING ROOM (window) _____ HEALTH & SAFTY CONCERNS _____

VIEWING OF CREMATION IN CREMATORY ROOM (YES/ NO) _____ (need fire dept. authorization) _____

SAFETY ISSUES: _____ REST ROOMS OPERABLE: _____ HOT/COLD WATER: _____

OFFICE USED EXCLUSIVELY FOR MAKING ARRANGEMENTS: _____ FACILITY SAFETY ISSUES: _____

WORKING BUSINESS PHONE ON PREMISES: _____ CLEANLINESS/APPEARANCE OF/SAFETY OF GROUNDS: _____

LISTINGS, PUBLICATIONS, ADS REVIEWED INDICATE TRUE FIRM NAME: _____

OWNERSHIP SIGNAGE: CONSPICUOSLY DISPLAYED: _____ LETTERS AT LEAST 1": _____

PERMANENT: _____ FIRM NAME CORRECT: _____

5. DOCUMENTATION FURNISHED TO INSPECTOR:

RECORDS CHECKED: LAST 3 COMPLETED CREMATIONS AND 1 RANDOM FROM PAST

COMPLETED CREMATIONS RECORDS CONTAINING:

IDENTIFICATION OF REMAINS _____
CREMATION AUTHORIZATION _____
RECEIPT FOR FUNERAL HOME RELEASE _____
CERTIFICATION OF CREMATION _____
BURIAL TRANSIT PERMIT _____
RECORD OF CREMATION _____
RETURN OF CREMATED REMAINS _____
DELEGATION OF AUTHORITY FORM) _____

FILES COPIED FOR INSPECTION COMMITTEE: _____

DATE OF MANUFACTURER'S REQUIRED INSPECTION PER SPECIFICATION DATE: _____
BY WHICH COMPANY: _____

ACCORDING TO MANUFACTURER'S SPECS IT IS NOT TIME FOR MANUFACTURER'S INSPECTION WHEN IS NEXT INSPECTION DUE? _____

THE PERMIT HOLDER HAS REQUESTED THAT THE MANUFACTURER CONDUCT AN INSPECTION OF CREMATOR: _____

VIOLATION ISSUED: _____ NUMBER OF 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: _____

INSPECTION RATING SCALE : 1) GOOD 2) PASSABLE 3) NEEDS SIGNIFICANT IMPROVEMENT
4) DOES NOT MEET MINIMUM STANDARDS 5) MAY POSE A HEALTH HAZZARD TO EMPLOYEES OR CONSUMERS