



**DEPARTMENT OF HEALTH**

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

**Maryland Board of Morticians and Funeral Directors**

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Website: <https://health.maryland.gov/bom>

***Transport Vehicle Inspection Report***

				Date	Time Arrived	Time Departed
Name of Transport Service				Permit Number:		
Street Address		City		State	ZIP	Issue Date:
Permit Holder		Witness of Inspection		Permit Displayed Y / N		Fax
Type of Inspection		<input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Deficiency Follow-up <input type="checkbox"/> Other		Email		
Registered Employees (Last, First, M.I.)	T					
	T					
	T					
	T					
	T					

Maryland Board of Morticians and Funeral Directors  
Transport Vehicle Inspection Report - cont.

Removal Vehicle		
Make:		Model:
Tag #:		State:
		Registration:
Yes	No	Requirements per COMAR 10.29.21.07
		Remains obscured from public while in transit (properly tinted windows)
		Impervious interior (CARGO), including flooring
		Impervious interior (passenger compartment)
		Universal precaution kit
		Red bio-waste bag
		Heavy disaster pouch
		Goggles/face shield
		Booties
		Masks
		Disposable gloves
		Clean or disposable apron/bio suit
		Antiseptic hand cleaner
		Disinfectant spray
		Clean towels/paper towels
		First aid kit
		Removal stretcher/litter clean and sanitary with removable pouch
Additional Inspection Requirements per COMAR 10.29.21.07, 10.29.21.05		
Cleaning schedule log		
Cleanliness		
Previous inspection sticker # and date		
New Sticker #		
Evidence of pets		
Cargo bay enclosed		
Check for bio-trash		

Maryland Board of Morticians and Funeral Directors  
Transport Vehicle Inspection Report - cont.

<b>Where is bio-trash disposed</b>	
<b>Deficiencies</b>	
<b># Violations Issued</b>	
<b># Days to Correct</b>	
<b>Additional Notes</b>	

*Passed Inspection / No deficiencies*

\_\_\_\_\_  
Printed Name and Signature of Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature & Title of Transporter

\_\_\_\_\_  
Date

This vehicle has been inspected by an inspector of the Department of Health and Mental Hygiene. This vehicle has successfully passed with no deficiencies noted during this inspection.

*Deficiencies Identified*

\_\_\_\_\_  
Printed Name and Signature of Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature & Title of Transporter

\_\_\_\_\_  
Date

This vehicle has been inspected by an inspector of the Department of Health and Mental Hygiene. The results of the inspection have been noted. I acknowledge that the above noted deficiencies have been deemed by the inspector as deficient and have been explained to me. I agree to remedy all deficiencies above within the number of days stated.

\_\_\_\_\_  
Printed Name and Signature of Board Member Approving Inspection

\_\_\_\_\_  
Date

BOARD SIGNATURE IN AGREEMENT OF DEFICIENCY REPORTED \_\_\_\_

BOARD PASSING LETTER \_\_\_\_