



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., 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

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

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