

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:		
Inspection:	lew	☐ Deficiency F	ollow-Up Other		
Permit Conspicuously Displayed: At Receiving Area At Viewing Area					
Supervising Registered Crematory Operator: Person Who Accompanied Inspector:					
Maryland Permits Conspicuously Displayed Certificate of Occupancy Maryland Department of Health Permit					
Certifications of Supervising Crematory Operator:					
	Health & Sanitation	on (COMAR 10.29.18	2.02D)		
Cremation Room:	□ No	Cremation Machine:			
Pet Cremation Machine:	Yes No	Signage for "Pets Only":			
Used Exclusively for Pets: □ Yes □ No Pets Only Tools & Pulverisor: □ Yes □ No □ N/A					
Human Remains Storage Area (Clean and Sanitary):					
Refrigeration Unit: Sanitary and Clean Impervious How Stored? Shelved 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 Exercision:		clusive Pet	Number of Clamped and Locked:		
Floors, Walls, Ceilings:					
Adequate Lighting:	□ No	6" Clearance Smokestack to Roof: Yes No			

Exterior Observation of Smokestack: Not in Use		"No Leaning Past the Door of the Cremator" Signs:		
No Smoke: ☐ Yes ☐ No Smoke ☐ Yes ☐ No		☐ Yes ☐ No		
Medical Waste Disposal Receptacles Utilized:		Metal Medical Waste Disposal:		
☐ Yes ☐ No		□Yes □No		
Dates of Last Two Pick-ups:		Last Two Metal Bio Pick-up/Ship-out:		
Date 1: Date 2:		Date 1:	Date 2:	
Adequate Cleaning Materials:		Chemicals Labeled to OSHA Standards:		
□Yes □No		\square_{Yes} \square_{No}		
Instruments & E			R 10.29.18.02D, 10.29.19.11)	
Hot Water: ☐ Yes ☐ No	Separate Hand Washin	g Sink:	Emergency Eye Station:	
Cold Water: Yes No	Yes No		☐ Yes ☐ No	
Instruments Clean and Sanitary: Yes No				
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 Pulverisor: 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: J. Recommend Ear Plugs: K. Apron: L. Eye Protection: M. Cremation Pan: 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 Lock	ked:	Crematory Room Secured:	
Facilities				
Attached Viewing Room (Window): Health and Safety Concerns:				
Viewing of Cremation in Crematory Room? ☐ Yes ☐ No				
Safety Issues:	Rest Rooms Operable:		Hot Water: ☐ Yes ☐ No	
			Cold Water: Yes 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:	☐ Conspicuously Displayed	Letters at Least 1"			
	☐ Permanent	☐ 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:					
☐ Identification of Rem					
☐ Cremation Authoriza					
☐ Receipt for Funeral I					
☐ Certification of Crem					
☐ Burial Transit Permi☐ Record of Cremation					
☐ Record of Cremation					
☐ Delegation of Author					
Files Copied for Inspect					
Company:		ed Inspection Per Specification Date:			
Сошрану:	Date of Manufacturer's Requir	ed hispection Fer 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	e	Date			