

Maryland Board of Morticians and Funeral Directors

ESTABLISHMENT INSPECTION REPORT

4201 Patterson Avenue, Baltimore, MD 21215

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Email: mdh.bomfd@maryland.gov

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

		Date	Time Arrived	Time Departed
Name of Funeral Establishment Inspected		<input type="checkbox"/> Full Establishment <input type="checkbox"/> Restricted Establishment		License Number: _____
		Restricted Funeral Establishment Location: _____		Expiration: _____
Street Address		City	State Maryland	ZIP _____
Supervising Mortician	License Number	Licensee Accompanying Inspector	License Number: _____	Fax _____
Type of Inspection (COMAR 10.29.03.04) <input type="checkbox"/> New Establishment <input type="checkbox"/> Sale or Change of Ownership <input type="checkbox"/> Closing Establishment <input type="checkbox"/> Biennial Inspection <input type="checkbox"/> In Furtherance of an Investigation				Email _____
Codes for Inspection		A = Acknowledged. D = Deficiency means a specific failure to comply with the requirements set forth by the Board. G = Granted access to perform a Maryland State Board of Morticians and Funeral Directors Inspection. P = Pass means no deficiencies were noted in that section being inspected. R = Refused or denied access to perform a Maryland State Board of Morticians and Funeral Directors Inspection. N/A = Not Applicable or Not Evaluated, means an item was not evaluated or required for this inspection.		
Statute/Regulations		COMAR = Code of Maryland Regulations H.O. = Health Occupations H.G. = Health General		

CODES			
G	R	LAW /REGULATION	PENALTIES (COMAR 10.29.04.03.08)
<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.08 A	Failure to allow an inspection of the establishment or funeral service business shall result in an immediate suspension of an establishment license or in the case of a funeral service business, the licensee's license, subject to a subsequent opportunity for a hearing under Health Occupations Article, §7-319, Annotated Code of Maryland.
CODES LICENSURE, OWNERSHIP AND SUPERVISING MORTICIAN REQUIREMENTS (COMAR 10.29.03.03)			
P	D	NA	LAW /REGULATION
License Required for Funeral Establishment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Code Zoning Law FOR A NEW FUNERAL ESTABLISHMENT, NEW RESTRICTIVE FUNERAL ESTABLISHMENT, OR A CHANGE OF A FUNERAL ESTSABLISHMET LOCATION. Note: A Certificate of Occupancy (CO) is required to be submitted to the Maryland State Board of Morticians and Funeral Directors prior to license issuance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 G Each licensee (e.g., Surviving Spouse, Mortician, Funeral director, Apprentice) shall be posted in a conspicuous public location, for consumers, in each establishment or location where the license is valid to practice. <i>A color photocopy of the original issued license may be substituted if the licensee owns multiple locations.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 G Corporate license, if applicable, and Establishment license shall be posted in a place conspicuous to the public.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 G 1 Shall employ and designate, on a form provided by the Board, a supervising mortician or supervising funeral director, licensed in accordance with State laws, who shall be continuously responsible.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 H 2	Shall prominently display on a sign, not smaller than 5 inches by 11 inches, located either immediately outside or immediately inside the main entrance, in letters not less than 1-inch high, the following information to comply with COMAR 10.29.03.03 H 2 a, 10.29.03.03 H 2 b, 10.29.03.03 H 2 c.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 H 2 a	The names of each licensee who holds at least a 10 percent ownership interest in the partnership, professional association, or sole proprietorship which operates the funeral establishment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 H 2 b	The names of any individual, corporations, or other business entities, which either directly or indirectly hold an ownership interest of 10 percent or more in the corporation or business entity that operates the funeral establishment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 H 2 c	The names of all restricted establishments operating from that funeral home.
INSPECTION BY THE BOARD (COMAR 10.29.03.04-10.29.03.08)				
P	D	NA	LAW /REGULATION	The following forms shall be available for inspection, with a copy given to the inspector for the inspector's records:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 1	A general price list of charges for services to the public.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 2	A completed and duly signed funeral service contract with any invoices attached.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 3	A price list of caskets as charged to the public.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 4	A price list of outer containers, as charged to the public.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 5 a	Authorization form to cremate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 5 b	Cremation identification form.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 5 c	Disposition of cremated remains notification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 6	A preneed contract form with a bank statement form, for verification of an escrow or trust account.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 7	A copy of the hazardous waste certification form described in §E(6)(d) of this regulation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 D 8	An authorization to release the body to the establishment.
P	D	NA	LAW /REGULATION	PRENEED CONTRACT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H.O. 7-205 b 1-3	The Board may conduct an audit of a licensee that: (1) Receives pre-need funds; (2) Places pre-need funds in a trust; or (3) Enters into a pre-need contract. A photocopy of an original signed and agreed preneed by the funeral establishment or licensee will be retained for PASS or DEFICIENCY audits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H.O. 7-205 b 1-3, H.O. 7-404, H.O. 7-405, H.O. 7-504	ONLY COMPLETE THIS SECTION IF A DEFICIENCY EXISTS, IF NO DEFICIENCY EXISTS THEN ENTER NA. If a deficiency exists on a preneed contract or any document required by law, a photocopy will be retained and attached to this report. The specific deficiency listed in this section will be cited as: <input type="checkbox"/> H.O. 7-205 sub. <input type="checkbox"/> H.O. 7-404 sub. <input type="checkbox"/> H.O. 7-405 sub. <input type="checkbox"/> H.O. 7-504 sub.
P	D	NA	LAW /REGULATION	FUNERAL SERVICE ESTABLISHMENT PREMISES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 a	The remaining areas of the establishment shall be in good repair and clean and safe.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 b	If the funeral establishment has a memorial gathering area, it shall be in good repair and clean; if that area is built or renovated, or the establishment is acquired that memorial room shall be at least 300 square feet in area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04	If a funeral establishment has a casket display room, prices shall be displayed on the casket or caskets.

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	E 8 c	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 8 d	The inspection shall assess the general cleanliness of the establishment and whether there are properly functioning, sanitary restrooms
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 8 e	The business telephone shall be in working order at the establishment
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 8 f	A sign or lettering on the windows or building indicating the name of the establishment shall be conspicuously displayed and the name on the sign shall be the same name on the establishment license.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 8 g	If one or more businesses, in addition to a funeral establishment, are under one roof, a separate sign shall indicate the entrance and exit of the funeral establishment.
P D NA	LAW /REGULATION	REMOVAL VEHICLE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 6 c	The removal vehicle shall contain a universal precaution kit which shall contain at least:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 6 E c i	Disposable gloves.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 6 c ii	Antibacterial hand wipe.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 6 c iii	A hazardous waste container for the proper disposal of wastes.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 7	The removal vehicle shall be suitable for the transportation of dead human remains with remains obscured from public view and maintained in a sanitary manner.
P D NA	LAW /REGULATION	HANDLING AND STORAGE OF HUMAN REMAINS
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H.G. 5-513 a	Upon taking custody of the human remains of a decedent in accordance with all authorizations required by law, a funeral establishment or crematory shall maintain the human remains in a manner that provides for complete coverage of the human remains to prevent leakage or spillage except during the following conditions:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H. G. 5-513 a 1	Identification, embalming or preparation of an unembalmed decedent for final disposition.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H.G. 5-513 a 2	Restoration and dressing of a decedent in preparation for final disposition; and
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H.G. 5-513 a 3	Viewing during a visitation or funeral service.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H.O. 5-513 b	If the unembalmed remains of a decedent is to be sheltered for more than 48 hours prior to final disposition, a funeral establishment or crematory shall maintain the decedent by refrigeration and at a temperature lower than 44 degrees Fahrenheit in accordance with COMAR 10.29.22.01.
P D NA	LAW /REGULATION	PREPARATION ROOM. If arterial or cavity injection will take place at the funeral establishment, the funeral establishment shall maintain on the premises a preparation room which shall be adequately equipped and maintained in a sanitary manner for the preservation and care of dead human bodies. H.O. 7- 310(f) states: "A funeral establishment that uses a central preparation room at another funeral establishment is not required to have its own preparation room or holding room." The minimal requirements are as follows:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1	Every funeral service establishment, at which embalming of human remains is performed, shall have at least one room used exclusively for embalming or preparation of the decedent.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 a	The floors, walls, and ceilings shall be smooth and made of tile or other high gloss, impervious, washable material. Floors _____ Walls _____ Ceilings _____ High Gloss _____ Impervious _____ Washable Material <i>(Please insert P, D, N/A for each)</i>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 b	The floors, walls, and ceilings shall be in a clean and sanitary condition. Floors _____ Walls _____ Ceilings _____ <i>(Please insert P, D, N/A for each)</i>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.4 E 1 c	The lighting shall be adequate.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 d	The ventilation shall be in accordance with Occupational Safety and Health Administration (OSHA) regulations.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 1 e	Doors to the preparation room shall be tight closing and the windows maintained to obstruct any view into the preparation room.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 1 f	The preparation room shall be a minimum of 120 square feet .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 1 g	If a refrigeration unit is on the premises, the refrigeration unit shall be clean, sanitary and in good working condition.
P	D	NA	LAW /REGULATION	INSTRUMENTS AND EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 3 a	Instruments shall be autoclaved, steamed, or cleaned with a chemical disinfectant commonly used in the industry. <u> </u> Autoclaved <u> </u> Steamed <u> </u> Cleaned <i>(Please insert P, D, N/A for each)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 3 b	The preparation table shall have a nonporous surface.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 3 c	The removal stretcher and litter shall have a waterproof pouch.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 3 d	If a refrigeration unit is on the premises, it shall be clean, sanitary, and in good working condition.
P	D	NA	LAW /REGULATION	WATER SUPPLY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 4 a	Each establishment shall have hot and cold running water. <u> </u> Hot Running Water <u> </u> Cold Running Water <i>(Please insert P, D, N/A for each)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 4 b	The drain pipe for the water supply shall be at least 2 inches in diameter. (NOTE: Floor drain inspections will apply to all funeral homes after July 1, 2011).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 4 c	Each establishment with a holding room or preparation room shall have floor drainage. (NOTE: Floor drain inspection will apply to funeral homes after July 1, 2011).
P	D	NA	LAW /REGULATION	CHEMICAL STORAGE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 5	Chemicals. All chemicals shall be plainly marked with appropriate warning labels.
P	D	NA	LAW /REGULATION	WASTE (DISPOSAL OF HAZARDOUS MATERIALS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 a	The preparation room shall be equipped with covered waste receptacles.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 b	Infectious waste shall be clearly identified and separate from other waste and put in a rigid container.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 c	Blood and waste shall be disposed of in accordance with COMAR 10.06.06.01—.08.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 d	A copy of the hazardous waste certification form provided by the licensee's hazardous waste contractor shall be provided to the Board's inspector.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 7 a	Ensure that medical waste is picked up by a licensed medical waste disposer not less often than every 60 days from the date generated.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 7 b	Develop a written plan to submit for approval by the Board that outlines specific procedures for disposal of medical waste not later than 60 days from the date generated, in accordance with methods outlined in COMAR 10.06.06
			LAW /REGULATION	<i>HOLDING ROOM. If arterial or cavity injection will not take place at the funeral establishment, the funeral establishment shall maintain on the premises a holding room which shall be adequately equipped for the holding of dead human bodies which shall be kept in a clean and sanitary manner and used exclusively for the holding and storage of dead human bodies. H.O. 7-310(f) states: "A funeral establishment that uses a central preparation room at another funeral establishment is not required to have its own preparation room or holding room." The minimal</i>

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P	D	NA		<i>requirements for the holding room shall be as follows:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 2 a	The floors, walls and ceilings shall be smooth and made of tile or other high gloss, impervious, washable material.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 2 b	The floors, walls, and ceilings shall be in a clean and sanitary condition. Floors Walls Ceilings <i>(Please insert P, D, N/A for each)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.4 E 2 c	The lighting shall be adequate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 2 d	The ventilation shall be in accordance with Occupational Safety and Health Administration (OSHA) regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 2 e	Doors to the holding room shall be tight closing and the windows maintained to obstruct any view into the holding room. Doors Windows <i>(Please insert P, D, N/A for each)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 2 f	The preparation room shall be a minimum of 120 square feet .

ESTABLISHMENT INSPECTION REPORT AND DEFICIENCIES (COMAR 10.29.03.05)

- A. The Board shall review the inspection report and make a determination as to whether a deficiency exists.
 B. The Board shall notify the establishment in writing of the results of the inspection.
 C. If a licensee passes an inspection, the licensee shall prominently display on the premises a statement issued by the Board that the establishment has successfully passed an inspection.
 D. If the Board finds a deficiency, the Board shall send to the owner within **2 weeks** of the inspection notification of the deficiency or failure to pass the inspection.
 E. Correction of Deficiency.
 (1) Except as provided in this section, an owner shall correct a deficiency within **30 days** after receipt of notification.
 (2) The Board may require immediate correction of a deficiency if the Board considers the correction necessary in the interest of public health.
 (3) The owner may request an extension of time for correction of a deficiency.
 (4) The Board may approve an extension of time for correction of a deficiency.
 (5) Upon completion of correction of all deficiencies, the owner shall notify the Board.
 (6) Upon notification, the Board or its designee shall re-inspect the establishment and the Board shall notify the owner in writing of the results of the re-inspection within **1 week**.
 (7) If re-inspection reveals additional deficiencies not cited in the first report, the owner shall correct those deficiencies in the time-period specified by the inspection agency unless an extension of time is requested by the owner and approved by the Board for correction of the additional deficiencies.

PASSED/NO DEFICIENCIES IDENTIFIED – SIGNATURE OF LICENSEE AND BOARD INSPECTOR

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

Signature of Licensee: _____ **Licensee Number:** _____ **Date:** _____

Signature of Board Inspector: _____ **Date:** _____

<i>Licensee Comments</i>		
<i>Board Inspector Comments</i>		
A	LAW /REGULATION	Penalties (COMAR 10.29.03.08 B and 10.29.03.08C)
<input type="checkbox"/>	COMAR 10.29.03.08 B	Failure to comply with a notice to correct deficiencies or violations within the 30-day period or any reasonable extension granted by the Board in Regulation .05E or .07C of this chapter, shall result in an immediate suspension of an establishment license or in the case of a funeral service business, the licensee’s license, or the denial of an renewal of an establishment license, subject to a subsequent opportunity for a hearing as set forth under Health Occupations Article §7-319. Annotated Code of Maryland.

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<input type="checkbox"/>	COMAR 10.29.03.08 C	Disciplinary action may not be taken against a supervising mortician or funeral director for the acts of omissions of another unless the supervising mortician or funeral director knew or should have known of a violation of the Maryland Mortician Act.		
Licensee Acknowledgement of Inspection Results		DEFICIENCIES IDENTIFIED – SIGNATURE OF LICENSEE AND BOARD INSPECTOR		
		This facility has been inspected by an inspector of the Department of Health and Mental Hygiene. The deficiencies of the inspection have been noted. I acknowledge receipt of the above-noted deficiencies. I agree to remedy all deficiencies within 30days or take the appropriate actions as described in COMAR 10.29.03.05 . You may refer to Establishment Inspection Report and Deficiencies listed above for additional instructions. If you do not agree with the inspection report, you may indicate by marking disagree block in this section.		
<input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/> REFUSE TO SIGN		Signature of Licensee: _____ Licensee Number: _____ Date: _____ Signature of Board Inspector: _____ Date: _____ **NOTE: If you agree that the deficiencies are found and corrections are necessary, you may sign this form and agree to make corrections within 30 days. ** **NOTE: By checking refuse to sign, you are acknowledging receipt only of this form, you are not agreeing to the deficiencies noted. **		
RE-INSPECTION FOLLOW-UP (COMAR 10.29.03.05 E1-7)				
Name of Funeral Establishment Re-Inspected		<input type="checkbox"/> Full Establishment <input type="checkbox"/> Restricted Establishment		Establishment License Number: _____ Expiration: _____
Supervising Mortician	License Number	Licensee Accompanying Inspector	License Number: _____	Date: _____ Time: _____
Type of Inspection (COMAR 10.29.03.05): <input type="checkbox"/> RE-INSPECTION		Board Inspector Conducting Re-Inspection: _____		
P	D	LAW /REGULATION RE-INSPECTED	THE FOLLOWING ITEMS HAVE BEEN CORRECTED	
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
ADDITIONAL COMMENTS FROM THE FUNERAL ESTABLISHMENT LICENSEE OR BOARD INSPECTOR				
Licensee Comments				
Board Inspector Comments				
BOARD MEMBER COMMENTS				
BOARD MEMBER ACKNOWLEDGEMENT OF INSPECTION RESULTS		BOARD MEMBER SIGNATURE FOR INSPECTION		
<input type="checkbox"/> PASSED INSPECTION <input type="checkbox"/> BOARD PASSING LETTER <input type="checkbox"/> APPROVE THAT DEFICIENCY OCCURRED <input type="checkbox"/> DISAGREE THAT DEFICIENCY OCCURRED		Signature of Board Member: _____ Date: _____ Printed Name of Board Member: _____ License Number: _____		