



CREMATORY INSPECTION REPORT FOR NON-PUBLIC FACILITY

BOARD OF FUNERAL SERVICE EXAMINERS
179 SUMMERS STREET, SUITE 319
CHARLESTON, WV 25301

License #
Establishment:
DBA
Location:

Previous Inspection Dates:

Inspection Comments:

Last Inspection Violations

General:

OSHA:

Medical Waste:

Date
Time In
Time Out

Inspection Month _____
Phone: _____
County: _____
Operator in charge: _____

Section	Area/Question	Compliance		
		Y	N	N/A
General				
30-6-21	1. Written Permission to Cremate?			
30-6-21	1(a). Decedent’s Identity?			
30-6-21	1(b). Person authorizing cremation?			
30-6-21	1(c). Relationship of person in 1(b)?			
30-6-21	1(d). Person claiming cremated remains?			
	2. Does the facility permit witnessing of cremation?			
	2(a). If the answer to 2 is YES, does the facility have a written disclosure for possible hazards of witnessing cremations?			
30-6-19	3. Does the facility have a crematory operator in charge?			
6-2-15.1	4. Written procedure for identifying and tracking bodies from arrival through departure?			
6-2-15.2.1	4(a). Permanent identification tags with reference #?			
6-2-19	5. Does the facility maintain records on all decedents?			
	Necessary Equipment			
6-2-13	1. Facility maintained in a clean, safe, & sanitary condition?			
6-2-13	2. Room which houses the crematory unit maintained in a clean, safe, & sanitary condition?			
6-2-13	3. Cremation unit?			
6-2-13	4. Mechanical processor?			
6-2-13	5. Holding area?			
6-2-13	6. Sanitary flooring in room which houses the crematory unit? Type_____			
6-2-13	7. Disinfectant for handwashing? Type_____			
6-2-13	8. Sanitary plumbing? Connected to:_____			
6-2-13	9. First Aid kit maintained?			
6-2-13	10. Windows & doors screened to prevent viewing from outside the room which houses the crematory unit and holding area?			
6-2-13	11. “Private” sign posted on all entrances?			
6-2-13	12. Containers for refuse with lids which cover & seal			

	at all times?			
6-2-13	13. PPE (impervious gloves and long smocks/gowns)?			
6-2-13	14. Access to refrigeration equipment?			
6-2-13	15. Personal Protective Equipment, including smocks?			
6-2-13	16. Holding area for all bodies?			
General OSHA				
	1. Safety policy manual?			
	2. Medical files maintained on employees?			
	3. Monthly in-house inspections?			
	4. Required signs and posters?			

Inspector Notes:

Notice of Disclaimer: This inspection does not guarantee that the Crematory is in full compliance with all federal and state regulations.

Signature of Individual present during inspection

Date _____

Signature of Inspector

Date _____