



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

Date
Time In
Time Out

License #
 Establishment:
 DBA
 Location:

Inspection Month:
 Phone:
 County:
 Operator in charge:

Previous Inspection Dates:

Additional inspection comments:

Inspection Comments:

Last Inspection Violations

General: Price Lists: ADA: OSHA: Medical Waste:

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?			
6-2-6.3	2. Does the facility permit viewing of unembalmed bodies?			
6-2-6.3	2(a). If the answer to 2 is YES, does the facility have a written disclosure for possible hazards of such viewing?			
6-2-11.1	3. Does the facility have a crematory operator in charge?			
6-2-12	4. Is facility open to the general public?			
6-2-12	4(a). If the answer to 4 is YES, are there public restrooms?			
6-2-12	4(b). If the answer to 4 is YES, is there office space for arrangements conferences?			
6-2-14	6. Written procedure for identifying and tracking bodies from arrival through departure?			
6-2-14	6(a). Permanent identification tags with reference #?			
6-2-18	7. Does the facility maintain records on all decedents?			
6-2-13	8. Does the facility bury unclaimed cremated remains in a manner which makes their recovery limited?			
6-2-13	8(a). If the answer to 8 is YES, does the facility disclose this during the arrangement conference IN WRITING?			
6-1-9	14. Do at least 2 pieces of printed advertisement meet the minimum advertising requirements?			
Necessary Equipment				
6-2-12	1. Facility maintained in a clean, safe, & sanitary condition?			
6-2-12	2. Room which houses the crematory unit maintained in a clean, safe, & sanitary condition?			
6-2-12	3. Cremation unit?			
6-2-12	4. Mechanical processor?			
6-2-12	5. Holding area?			

6-2-12	6. Sanitary flooring in room which houses the crematory unit? Type _____			
6-2-12	7. Sanitary instruments and appliances?			
6-2-12	8. Running hot & cold water with lavatory sink?			
6-2-12	9. Sanitary blankets or other coverings?			
6-2-12	10. Disinfectant for equipment? Type _____			
6-2-12	11. Disinfectant for handwashing? Type _____			
6-2-12	12. Sanitary plumbing? Connected to: _____			
6-2-12	13. First Aid kit maintained?			
6-2-12	14. Windows & doors screened to prevent viewing from outside the room which houses the crematory unit and holding area?			
6-2-12	15. "Private" sign posted on all entrances?			
6-2-12	16. Containers for refuse with lids which cover & seal at all times?			
6-2-12	17. Containers for soiled linens with lids which cover at all times?			
6-2-12	18. PPE (impervious gloves and long smocks/gowns)?			
6-2-15.11	19. Access to refrigeration equipment?			
6-2-12	22. Personal Protective Equipment, including smocks?			
6-2-12	23. Holding area for all bodies?			
General Price List				
6-2-19.4.3	1. Available for inspection?			
6-2-8	2. Does the facility utilize price lists same as its funeral establishment facility?			
6-2-8	2(a). If the answer to 2 is YES, are the price lists compliant with FTC standards? (Refer to Supplement)			
6-2-8.1	3. Name of facility?			
6-2-8.1	4. Name of operator in charge?			
6-2-8.1	5. Full location address and phone number?			
6-2-8.1	6. Caption "General Price List?"			
6-2-8.1	7. Effective date?			
6-2-8.1	8. "Consumer's right to select only services desired" disclosure?			
	9. "Consumer's right to use alternative containers"			

6-2-8.1	disclosure?				
6-2-8.1	10. "Basic non-declinable service fee" disclosure?				
6-2-8.1	11. "Availability of a separate Cremation Container Price List" disclosure?				
Cremation Container Price List					
6-2-8.2	1. Name of facility?				
6-2-8.2	2. Caption "Cremation Container Price List?"				
6-2-8.2	3. Effective date?				
6-2-8.2	4. Alternative container and caskets descriptions & price of each?				
6-2-8.2	5. "Requirement for the use of a cremation container" disclosure?				
Statement of Goods/Services					
6-2-8.3	1. Itemized entries of goods/services?				
6-2-8.3	2. Cash advance items?				
6-2-8.3	3. Total cost of purchase?				
6-2-8.3	4. "Legal and Other Requirements" disclosure?				
6-2-8.3	5. "Cash advance" disclosure?				
Americans with Disabilities Act					
	1. Goods, services & facilities offered to all individuals without extra charges for the disabled, including Aids-related deaths?				
	2. Families regularly asked of special needs?				
	3. Written policy for compliance with the Act?				
	4. Large print & Braille copies of GPL & other documents available or established written policy of reading these to the disabled?				
	5. Hearing devices for the hearing impaired available or established written policy of providing an aid for services?				
	6. All public areas accessible to the disabled? If "No," note provisions made to accommodate needs.				
	7. If public, are restrooms accessible to the disabled?				
General OSHA					
	1. Safety policy manual?				
	2. Medical files maintained on employees?				
	3. Monthly in-house inspections?				
	4. Required signs and posters?				
Medical Waste Disposal					
6-2-12	1. Utilizes licensed medical waste hauler?				
6-2-12	1(a). If answer to 1 is NO, does the facility utilize incineration to destroy medical waste?				
6-2-12	1(b). If answer to 1 and 1(a) are NO, does the facility transport medical waste in accordance with 64CSR56?				
6-2-12	1(c). Documentation of medical waste removal or incineration?				
6-2-12	2. If utilizes medical waste hauler, are Manifests being properly completed & retained?				

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

Inspector's Notes:

Signature of Individual present during inspection _____ Date _____	Signature of Inspector _____ Date _____
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DBA Name: