

## FUNERAL ESTABLISHMENT INSPECTION REPORT

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

Date	

Time In

Time Out

License # Type (M/B): Establishment: DBA Location:

Previous Inspection Dates:

Inspection Month: Phone County: Licensee in charge:

Inspection Comments:

Last Inspection Violations General: «Chapter30»

Price Lists: «FTC»

ADA: «ADA»

OSHA: «OSHA»

Medical Waste:

section	Area/Question		Compliance		
		Y	N	N/A	
	General				
30-6-19	1. Current funeral establishment license displayed?				
30-6-19	2. License of the Licensee-In-Charge displayed?				
30-6-19	3. Name of LIC appear on stationery, price lists, & ads?				
6-1-13	4. Public restrooms?				
6-1-13.	5. Chapel or other room for conducting services?				
6-1-13	6. Office Space for the arrangements conference?				
6-1-12	8. Building maintained as clean, safe, & sanitary?				
6-1-27	9. Records maintained? (cremation, regular, unclaimed)				
6-1-22	10. Written procedure for identifying and tracking bodies from arrival through departure?				
6-1-23	11. Written Permission to Cremate?				
6-1-23	11(a). Decedent's Identity?				
6-1-23	11(b). Person authorizing cremation?				
6-1-23	11(c). Relationship of person in 1(b)?				
6-1-23	11(d). Person claiming cremated remains?				
6-1-6.3	12. Does the facility permit viewing of unembalmed bodies?				
6-1-6.3	12(a). If the answer to 2 is YES, does the facility have a written disclosure for possible hazards of such viewing?				
6-1-23	13. Does the facility bury unclaimed cremated remains in a manner which makes their recovery limited?				
6-1-23	13(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?				
(Requi	<b>Preparation Room</b> red for all main facilities and branch facilities more than 60	miles	s awa	ay)	
6-1-13	1. Is facility required to have prep room?				
6-1-13	2. Does facility have a prep room?				
6-1-13	3. Is the prep room on-site?				
6-1-13	3(a). If off-site, is the prep room within 5 miles?				
6-1-13	4. Is the prep room closed to public? (including deliveries)				
6-1-12	5. Prep room maintained as clean, safe, & sanitary?	1			
6-1-12	6. Prep room equipment clean, safe, & sanitary ?	1			
6-1-13	7. Walls/floors free of cracks, holes, etc.?	1			
6-1-13	8. Sanitary flooring? Type			ĺ	

6-1-13	9. Running hot & cold water with lavatory sink?		
6-1-13	10. Embalming table? Type		
6-1-13	11. Disinfectant for equipment? Type		
6-1-6	12. Disinfectant for handwashing? Type		
6-1-13	13. Permanent, operable exhaust fan which changes air 4 times per hour?		
6-1-13	14. Permanent, operate intake vent which changes air 4 times per hour?		
6-1-13	15. Sanitary plumbing? Connected to:		
6-1-13	16. First Aid kit maintained outside the preparation room?		
6-1-13	17. Windows & doors screened to prevent viewing?		
6-1-13	18. Hydro-aspirator with at least 1 airbreaker?		
6-1-13	19. Containers for refuse and soiled linens with lids which cover & seal at all times?		
6-1-13	20. Eyewash?		
6-1-13	21. "Private" sign posted on all entrances?		
6-1-13	22. Personal Protective Equipment, including smocks?		
6-1-13	23. Holding area for all bodies?		
	FTC Funeral Rule: General Price List		-
6-1-12	1. Available for inspection?		
6-1-8/9	2. Name, address and phone number of facility?		
6-1-9	3. Licensee-In-Charge listed?		
6-1-8	4. Effective date?		
6-1-8	5. Retail prices & other info for "Forwarding of remains?" **Must include Basic Services Fee		
6-1-8	<ol> <li>Retail prices &amp; other info for "Receiving remains?"</li> <li>**Must include Basic Services Fee</li> </ol>		
6-1-8	7. Retail price range & other info for "Direct Cremation?" **Must include Basic Services Fee **Must include price for container provided by purchaser **Must include price for container provided by facility		
6-1-8	<ul> <li>8. Retail price range &amp; other info for "Immediate Burial?"</li> <li>**Must include Basic Services Fee</li> <li>**Must include price for container provided by purchaser</li> <li>**Must include price for container provided by facility</li> </ul>		
6-1-8	9. Retail prices & other info for "Services of funeral director & staff?"		
6-1-8	10. Retail prices & other info for "Transfer of remains?"		
6-1-8	11. Retail prices & other info for "Embalming?"		
6-1-8	12. Retail prices & other info for "Other preparation?"		
6-1-8	13. Retail prices & other info for "Facilities for viewing?"		
0-1-8	15. Retail prices & other fillo for Tacifities for viewing.		

6-1-8	14. Retail prices & other info for "Facilities for funeral?"		
6-1-8			
6-1-8	16. Retail prices & other info for "Hearse?"		
6-1-8	17. Retail prices & other info for "Limousine?"		
6-1-8	18. Retail prices & other info for "Other automotive equipment?"		
6-1-8	19. Retail prices & other info for "Casket price range?"		
6-1-8	20. Retail prices & other info for "Outer burial container price range?"		
6-1-8	21. "Right of Selection" disclosure?		
6-1-8	22. "Cash Advance Items" disclosure?		
6-1-8	23. "Non-declinable Service Fee" disclosure, next to price and exact language required by FTC?		
6-1-8	24. "Embalming" disclosure, next to price?		
6-1-8	25. "Availability of Casket Price List" disclosure, next to price?		
6-1-8	26. "Availability of Outer Burial Container Price List" disclosure, next to price?		
6-1-8	27. "Alternative Containers for Direct Cremation" disclosure, next to price and exact language required?		
	FTC Funeral Rule: Casket Price List		
6-1-8	1. Name, address & phone number of facility?		
6-1-9	2. Licensee-In-Charge listed?	+	
6-1-8	3. Effective date?		
6-1-8	4. Casket/alternative container list & description & price?		
	FTC Funeral Rule: OBC Price List		
6-1-8/9	1. Name, address & phone number of facility?	Т	
6-1-9	2. Licensee-In-Charge listed?		
6-1-8	3. Effective date?		
6-1-8	4. Outer burial container list & description & price of each?		
6-1-8	5. "Non-requirement for the Use of OBC" disclosure?		
	FTC Funeral Rule: Statement of Goods/Services		
6-1-8/9	1. Name, address & phone number of facility	Т	
6-1-9	2. Licensee-In-Charge listed?		
6-1-8	3. Itemized entries or package purchases?		
6-1-8	4. Cash advance items?		
6-1-8	5. Total price?		
6-1-8	6. "Legal and Other Requirements" disclosure?		
6-1-8	7. "Reason for Embalming" disclosure?		
	Americans with Disabilities Act		
	1. Goods, services & facilities offered 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, etc. 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. Restrooms accessible to the disabled?		
	OSHA Formaldehyde Exposure Standard		
6-1-13	1. Formaldehyde exposure levels measured?		
6-1-13	2. Alphabetically-sorted file of MSDS for all hazardous substances on the premises?		
6-1-13	3. Hepatitis B vaccination offered to exposed employee at no cost?		
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6-1-13	4. Emergency shower and/or eyewash station?		

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utilized?			
3. Type of disposition of Medical Waste:	_		
4. Sharps container?			
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	_		
C LOSHA			
General OSHA			
	<ol> <li>Manifests being properly completed and retained?</li> <li>Type of disposition of Medical Waste:</li> </ol>	1. Infectious Medical Waste Management Plan being utilized?         2. Manifests being properly completed and retained?         3. Type of disposition of Medical Waste:         4. Sharps container?         9 </td <td>1. Infectious Medical Waste Management Plan being utilized?      </td>	1. Infectious Medical Waste Management Plan being utilized?

Inspector's Notes:

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

Signature of Individual present during inspection	Signature of Inspector
Date	Date

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DBA Name: