

NORTH CAROLINA BOARD OF FUNERAL SERVICE  
CREMATORY INSPECTION FORM

Routine inspection Firm Name \_\_\_\_\_ License # \_\_\_\_\_

Reinspection Address \_\_\_\_\_

New firm inspection City \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name(s) of Crematory Licensee \_\_\_\_\_

Name of Manager \_\_\_\_\_

Name of Technicians and Date of Certification \_\_\_\_\_

yes  no Refrigeration Unit. Location \_\_\_\_\_

Number of units \_\_\_\_\_ Capacity of each unit \_\_\_\_\_

yes  no Capable of maintaining interior temperature of 40 degrees F while loaded with maximum number bodies or which designed.

yes  no Sealed concrete, stainless steel, galvanized, aluminum or other easily cleaned flooring in walk-in units.

yes  no Stainless steel, aluminum or other non-corrosive and easily cleaned materials for remainder of interior of all units.

yes  no Holding facility of suitable size to accommodate all human remains retained and awaiting cremation.

yes  no Commercially-manufactured cremation unit, within crematory, made specifically for cremation of human remains.

yes  no Unit has ash collection pan.

yes  no Unit has hearth or floor without depressions.

yes  no Unit has door safety switch to stop burner operation when front charging door is opened.

yes  no Unit has pollution monitoring system to monitor and detect smoke when density exceeds federal and state standards, whereupon system will automatically stop burner operation on time setting of not less than three (3) minutes.

yes  no Unit approved by UL or comparable testing agency.

yes  no Commercially-manufactured processor, within crematory, made specifically for pulverization of cremated remains.

yes  no Processor capable of consistently processing cremated remains to unidentifiable dimensions.

yes  no Processor has dust-resistant processing chamber.

yes  no Processor has exterior surface made of easily cleaned, non-corrosive material.

yes  no Cremation containers are closed, leak resistant and made entirely of combustible materials.

yes  no Labels for attachment to temporary container, urn or other permanent container, with name of decedent, date of cremation and name of crematory. If interment or entombment is to occur, the durable tag on the inside of the temporary container or urn, which must be marked with the name of the deceased, date of death, the social security number of the deceased, the county and state of death, and the site of interment or entombment.

yes  no Areas clean; equipment in good repair and sanitary.

yes  no Written authorizations to cremate, signed by authorizing agent, containing authorization, name of person to accept cremated remains, ultimate disposition of cremated remains if known.

yes  no Written records, on Board forms, of each cremation, receipt of human remains, and of delivery of cremated remains.

yes  no Medical Examiner's Authorization to Cremate, death certificate signed by the attending physician, or the Medical Examiner death certificate's Authorization for burial/transit and cremation. In the case of a death certificate, the certificate must contain all the information required in GS 90-210.49.

yes  no Written waivers for all cremations within twenty-four (24) hours after death.

yes  no Unauthorized persons in crematory area.

yes  no Simultaneous cremation of remains of more than one person in same chamber.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspected on \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_m.

\_\_\_\_\_  
Inspector Date to comply (if applicable)

\_\_\_\_\_  
Official of Crematory

Sign and return this copy to the NC Board of Funeral Service, 1033 Wade Ave., Suite 108, Raleigh, NC 27605, no later than seven days after the compliance date.

I affirm by signing below that the above violations have been corrected.

\_\_\_\_\_  
Official of Crematory Date