

INSPECTION REPORT

FUNERAL ESTABLISHMENT

Pursuant to Section 61-32-1 and 61-32-8.A NMSA 1978 of the Funeral Services Act, and the Rules (16.64.1 through 16.64.12 NMAC), the Board and its agents shall conduct inspections to ensure compliance with New Mexico State Statutes and Rules.

The Inspector is authorized, during regular business hours (8:00 a.m. through 5:00 p.m.) or through prior arrangement, (prior arrangements for new or change of location of establishments and crematories only) to inspect establishments and crematories. Acceptance of a license shall include permission for the Board, or its designees, to enter the premises without legal process for the purpose of inspecting any establishment or crematory, including all records, financial and otherwise as per 61-32-8.

SECTION A – ESTABLISHMENT INFORMATION

NAME OF ESTABLISHMENT		LICENSE NO.
PHYSICAL ADDRESS		CITY/TOWN
LICENSEE IN CHARGE		PHONE NO.

SECTION B – TYPE OF INSPECTION

Type of Inspection	Statutory/Regulatory Authority
<input type="checkbox"/> New Establishment	(16.64.4.8 NMAC and 16.64.4.9 NMAC)
<input type="checkbox"/> Annual Inspection	(Section 61-32-8; 16.64.4.8 NMAC and 16.64.4.9 NMAC)
<input type="checkbox"/> Change(s) of Establishment*	(16.64.4.11 NMAC)
<input type="checkbox"/> Re-Inspection	(16.64.4.11.E NMAC) (Refer to Non-Compliance Report)

Current Inspection Date: ___ / ___ / ___ Date Last Inspected: ___ / ___ / ___

*Date Change(s) Approved by the Board (if applicable): ___ / ___ / ___

*Outline Change(s) (if applicable):

SECTION C – LICENSED PERSONNEL not applicable if New Establishment

61-32-12(B) of the Funeral Services Act requires that a license issued by the board shall at all times be posted in the establishment in a conspicuous place.

61-32-4(A)(3) of the Funeral Services Act states unless licensed to practice under the Funeral Services Act, a person shall not maintain, manage or operate a funeral establishment, a commercial establishment, a direct disposition establishment or a crematory;

Non-Health Related Non-Compliance – If records do not support that licenses are posted in a conspicuous place the result will be a Non-Health Related Non-Compliance. (Include the non-compliance Section letter/number in Section H).

LICENSEE NAME	LICENSE TYPE								LICENSE POSTED	
	FSP	Assoc. FSP	Asst. FSP	D-FSI Emb/Prep	D-FSI Arg/Dir	G-FSI Emb/Prep	G-FSI Arg/Dir	YES	NO	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

LICENSES POSTED IN A CENTRAL, CONSPICUOUS LOCATION YES NO

NOTATIONS:

SECTION D – ESTABLISHMENT BUILDING/SUPPLIES AND EQUIPMENT

Section D1		GENERAL- (C= Compliance; NC= Non-compliance; N/A= Not applicable)		
C	NC	N/A	Non-Health	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Applicable if New Establishment.</i> Funeral services and/or cremations shall not be practiced without a current license (or prior to licensure); (61-32-24(B)(16); 61-32-4 A(3); 16.64.1.8 B)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Not applicable if New Establishment.</i> There shall be some identification visible from the street identifying the name of the establishment as licensed by the board; (16.64.4.8 C)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Applicable if Change of Name.</i> Any change in name shall not be announced, used, or in any way conveyed to the public until the new license is issued by the Board; (16.64.4.11 A(8)(a))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All advertising, signs, listings, newspaper notices, as well as all stationery, business cards, etc., of the establishment licensed by the board shall include the name of the establishment exactly as licensed by the board; (16.64.4.11 A(8)(b))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The building in which the establishment is located shall be in conformity with the requirements of the applicable state and local statutes, rules, ordinances and zoning provisions, of good appearance and devoted primarily to the purpose for which it is licensed; (16.64.4.8 A; 61-32-24 B(6))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The site and any rooms or areas within the structure thereon, and the use thereof, shall conform to all applicable state and local statutes, rules, ordinances and zoning provisions, of good appearance and devoted primarily to the purpose for which it is licensed; (16.64.4.8 B; 61-32-24 B(6))	
Section D2		CHAPEL- (C= Compliance; NC= Non-compliance; NA= Not applicable)		
C	NC	Health		
<input type="checkbox"/>	<input type="checkbox"/>	Equipped with necessary ventilation; (16.64.4.9 A(1)(b))		
C	NC	Non-Health		
<input type="checkbox"/>	<input type="checkbox"/>	Chapel is a minimum of six (600) hundred square feet in size, and is entirely separate from the Preparation (Embalming) Room and Casket Display Room, except for entrances/exits; (16.64.4.9 A(1))		
<input type="checkbox"/>	<input type="checkbox"/>	Seating for a minimum of sixty (60) persons; (16.64.4.9 A(1)(a))		
<input type="checkbox"/>	<input type="checkbox"/>	A designated space for the proper display of a casket or urn; (16.64.4.9 A(1)(a))		
Section D3		CASKET DISPLAY ROOM – (C= Compliance; NC= Non-compliance; NA= Not applicable)		
C	NC	Non-Health		
<input type="checkbox"/>	<input type="checkbox"/>	Casket Display Room is a minimum of four hundred fifty (450) square feet in size; (16.64.4.9 A(2))		
		C	NC	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		FULL SIZE CASKET DISPLAY OR MODULAR CASKET DISPLAY		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		A minimum of twelve (12) adult burial caskets in a range of models and prices; (16.64.4.9 A(2)(a))		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Adult burial caskets being displayed shall be available and warehoused within 50 miles of the establishment; (16.64.4.9 A(2)(a))		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Prices are clearly marked; (16.64.4.9 A(2)(a))		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Models are clearly marked; (16.64.4.9 A(2)(a))		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Room is adequately illuminated; (16.64.4.9 A(2)(b))		
NOTATIONS:				

Section D4		PREPARATION/EMBALMING ROOM- (C= Compliance; NC= Non-compliance; N/A= Not applicable)	
C	NC	N/A	Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration unit thermodynamically controlled and temperature measures 40 degrees or below; (16.64.4.12)
<input type="checkbox"/>	<input type="checkbox"/>		Room is a minimum of one hundred fifty (150) square feet in size; (16.64.4.9 A(3)(d))
			Room is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits; (16.64.4.9 A(3)(d))
<input type="checkbox"/>	<input type="checkbox"/>		Equipped with a sanitary flooring of tile or other suitable hard, impervious surface; (16.64.4.9 A(3)(a))
<input type="checkbox"/>	<input type="checkbox"/>		Equipped with necessary drainage (floor); (16.64.4.9 A(3)(b))
<input type="checkbox"/>	<input type="checkbox"/>		Equipped with necessary ventilation; (16.64.4.9 A(3)(b))
<input type="checkbox"/>	<input type="checkbox"/>		Drainage for embalming purposes; (16.64.4.9 A(3)(b); 16.64.4.8 D)
<input type="checkbox"/>	<input type="checkbox"/>		Sink for washing equipment with running hot and cold water; (16.64.4.9 A(3)(C))
<input type="checkbox"/>	<input type="checkbox"/>		Free of blood or other matter on floors, counters, equipment, etc.; (16.64.4.8 B)
<input type="checkbox"/>	<input type="checkbox"/>		Stained sheets/garments receptacle labeled "infectious waste" (as required by OSHA); 16.64.4.8 B; 50-9-1; 50-9-7; 11.5.2.9; 19.10.1030)
<input type="checkbox"/>	<input type="checkbox"/>		Infectious waste receptacle labeled "infectious waste" (as required by OSHA); (16.64.4.8 B; 50-9-1; 50-9-7; 11.5.2.9; 19.10.1030(g)(1)(i))
<input type="checkbox"/>	<input type="checkbox"/>		Record of regular removal of infectious waste by an authorized company; (16.64.4.8 B; 74-9-1; 74-9-3 N; 74-9-31 A)
<input type="checkbox"/>	<input type="checkbox"/>		Sharps container (as required by OSHA); (16.64.4.8 B; 50-9-1; 50-9-7; 11.5.2.9; 19.10.1030 D(4)(iii)(a))
<input type="checkbox"/>	<input type="checkbox"/>		Heavy duty rubber gloves (embalming gloves); (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Protective gear – smock or gown, face shield, head and shoe covers; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Clean and in sanitary condition; (16.64.4.8 B)
C	NC	Non-Health	
<input type="checkbox"/>	<input type="checkbox"/>		Equipped with necessary lighting; (16.64.4.9 A(3)(b))
<input type="checkbox"/>	<input type="checkbox"/>		Embalming machine (in good working condition); (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Embalming table; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Aspirator; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Drain tubes (metal) or Spring forceps; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Arterial tubes; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Aneurysm needles/hooks; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Scalpel and sufficient blades; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Trocar with hose; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Cavity fluid injector; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Sufficient trocar buttons and an applicator (sufficient = at least six (6)); (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Array of embalming scissors; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Suture needles and suture thread; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Razor and sufficient blades; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Sealing powder; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Hardening compound; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Massage cream; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Cosmetics; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Vascular clamps/locking forceps; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Hypo treatment needle (hypo trocar); (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Nasal aspirator; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Head/arm/foot blocks; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Arterial fluid; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Cavity fluid; (16.64.4.9 A(3)(c))
<input type="checkbox"/>	<input type="checkbox"/>		Cotton; (16.64.4.9 A(3)(c))
OTHER:			
IF PREPARATION ROOM IS NOT IN USE, AT WHAT LOCATION IS EMBALMING DONE? :			
NOTATIONS:			

SECTION E – DOCUMENTS/CONTRACTS (not applicable if New Establishment)

(If New Establishment, exclude inspection of Sections E and F; Sections E and F pertain to licensed establishments.)
 (C= Compliance; NC= Non-compliance; N/A= Not applicable)

Section E1	Type of Disposition: (Check all services rendered)	<input type="checkbox"/> Burial With Embalming <input type="checkbox"/> Burial Without Embalming <input type="checkbox"/> Embalming Only	<input type="checkbox"/> Cremation <input type="checkbox"/> Forwarding (Transport) <input type="checkbox"/> Other (Specify)
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NAME OF DECEASED:	DOD:	TOD:
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Health

C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment; (16.64.4.9 D(1)(2))
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.4.9 D(2)(C))
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment; (16.64.4.9 D(2)(d))
		<input type="checkbox"/>			Date and time dead human remains were embalmed; (61-32-20 A, E; 16.64.1.11 (C))
		<input type="checkbox"/>			Date and time dead human remains were released to the crematory or received by the crematory for cremation; (16.64.4.9 D(1))
		<input type="checkbox"/>			Date and time dead human remains were interred; (16.64.4.9 D(1)(2); 16.64.1.11 (C))
<input type="checkbox"/>	<input type="checkbox"/>		Records support that the dead human remains were refrigerated, embalmed, cremated or interred within 24 hours after death, or release to the establishment, or receipt by the establishment; (61-32-20 A)		

Non-Health

C	NC	N/A	Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract is complete, signed by the arranger and licensee and includes the licensee's classification and license number; (16.64.1.11.A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract and/or general price list states that embalming is not required by state law; (61-32-20 (C)(F))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to embalm; (16.64.1.11.B(2))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming case report is complete, and includes licensee's classification and license number; (16.64.1.11 A; 16.64.1.11 B(5); 61-32-20 E)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate; (16.64.1.11 B(6); 16.64.10.8 A(1))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.10.8 A(2))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date cremated remains were given/sent to the authorizing agent(s); (16.64.1.11 C; 61-32-19.1 B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Documentation states unclaimed cremated remains may be disposed of after one (1) year in a lawful manner; (16.64.10.8 M)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tracking sheet is properly completed; (16.64.4.8 D(1))
<input type="checkbox"/>	<input type="checkbox"/>		Records support that all authorizations were received <u>prior</u> to services being rendered; (16.64.1.11 B(2); 16.64.1.11 C)	

NOTATIONS:

Section E2		Type of Disposition: (Check all services rendered)		<input type="checkbox"/> Burial With Embalming	<input type="checkbox"/> Cremation
		<input type="checkbox"/> Burial Without Embalming	<input type="checkbox"/> Forwarding (Transport)		
		<input type="checkbox"/> Embalming Only	<input type="checkbox"/> Other (Specify)		
NAME OF DECEASED:				DOD:	TOD:
Health					
C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment; (16.64.4.9 D(1)(2))
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.4.9 D(2)(C))
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment; (16.64.4.9 D(2)(d))
		<input type="checkbox"/>			Date and time dead human remains were embalmed; (61-32-20 A, E; 16.64.1.11 (C))
		<input type="checkbox"/>			Date and time dead human remains were released to the crematory or received by the crematory for cremation; (16.64.4.9 D(1))
		<input type="checkbox"/>			Date and time dead human remains were interred; (16.64.4.9 D(1)(2); 16.64.1.11 (C))
<input type="checkbox"/>	<input type="checkbox"/>	Records support that the dead human remains were refrigerated, embalmed, cremated or interred within 24 hours after death, or release to the establishment, or receipt by the establishment; (61-32-20 A)			
Non-Health					
C	NC	N/A	Date		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract is complete, signed by the arranger and licensee and includes the licensee's classification and license number; (16.64.1.11.A)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract and/or general price list states that embalming is not required by state law; (61-32-20 (C)(F))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to embalm; (16.64.1.11.B(2))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming case report is complete, and includes licensee's classification and license number; (16.64.1.11 A; 16.64.1.11 B(5); 61-32-20 E)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate; (16.64.1.11 B(6); 16.64.10.8 A(1))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.10.8 A(2))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date cremated remains were given/sent to the authorizing agent(s); (16.64.1.11 C; 61-32-19.1 B)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Documentation states unclaimed cremated remains may be disposed of after one (1) year in a lawful manner; (16.64.10.8 M)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tracking sheet is properly completed; (16.64.4.8 D(1))	
<input type="checkbox"/>	<input type="checkbox"/>	Records support that all authorizations were received <i>prior</i> to services being rendered; (16.64.1.11 B(2); 16.64.1.11 C)			
NOTATIONS:					

Section E3		Type of Disposition: (Check all services rendered)		<input type="checkbox"/> Burial With Embalming	<input type="checkbox"/> Cremation
		<input type="checkbox"/> Burial Without Embalming	<input type="checkbox"/> Forwarding (Transport)		
		<input type="checkbox"/> Embalming Only	<input type="checkbox"/> Other (Specify)		
NAME OF DECEASED:				DOD:	TOD:
Health					
C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment; (16.64.4.9 D(1)(2))
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.4.9 D(2)(C))
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment; (16.64.4.9 D(2)(d))
		<input type="checkbox"/>			Date and time dead human remains were embalmed; (61-32-20 A, E; 16.64.1.11 (C))
		<input type="checkbox"/>			Date and time dead human remains were released to the crematory or received by the crematory for cremation; (16.64.4.9 D(1))
		<input type="checkbox"/>			Date and time dead human remains were interred; (16.64.4.9 D(1)(2); 16.64.1.11 (C))
<input type="checkbox"/>	<input type="checkbox"/>	Records support that the dead human remains were refrigerated, embalmed, cremated or interred within 24 hours after death, or release to the establishment, or receipt by the establishment; (61-32-20 A)			
Non-Health					
C	NC	N/A	Date		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract is complete, signed by the arranger and licensee and includes the licensee's classification and license number; (16.64.1.11.A)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract and/or general price list states that embalming is not required by state law; (61-32-20 (C)(F))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to embalm; (16.64.1.11.B(2))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming case report is complete, and includes licensee's classification and license number; (16.64.1.11 A; 16.64.1.11 B(5); 61-32-20 E)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate; (16.64.1.11 B(6); 16.64.10.8 A(1))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.10.8 A(2))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date cremated remains were given/sent to the authorizing agent(s); (16.64.1.11 C; 61-32-19.1 B)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Documentation states unclaimed cremated remains may be disposed of after one (1) year in a lawful manner; (16.64.10.8 M)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tracking sheet is properly completed; (16.64.4.8 D(1))	
<input type="checkbox"/>	<input type="checkbox"/>	Records support that all authorizations were received <u>prior</u> to services being rendered; (16.64.1.11 B(2); 16.64.1.11 C)			
NOTATIONS:					

Section E4		Type of Disposition: (Check all services rendered)		<input type="checkbox"/> Burial With Embalming	<input type="checkbox"/> Cremation
		<input type="checkbox"/> Burial Without Embalming	<input type="checkbox"/> Forwarding (Transport)		
		<input type="checkbox"/> Embalming Only	<input type="checkbox"/> Other (Specify)		
NAME OF DECEASED:				DOD:	TOD:
Health					
C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment; (16.64.4.9 D(1)(2))
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.4.9 D(2)(C))
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment; (16.64.4.9 D(2)(d))
		<input type="checkbox"/>			Date and time dead human remains were embalmed; (61-32-20 A, E; 16.64.1.11 (C))
		<input type="checkbox"/>			Date and time dead human remains were released to the crematory or received by the crematory for cremation; (16.64.4.9 D(1))
		<input type="checkbox"/>			Date and time dead human remains were interred; (16.64.4.9 D(1)(2); 16.64.1.11 (C))
<input type="checkbox"/>	<input type="checkbox"/>		Records support that the dead human remains were refrigerated, embalmed, cremated or interred within 24 hours after death, or release to the establishment, or receipt by the establishment; (61-32-20 A)		
Non-Health					
C	NC	N/A	Date		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract is complete, signed by the arranger and licensee and includes the licensee's classification and license number; (16.64.1.11.A)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract and/or general price list states that embalming is not required by state law; (61-32-20 (C)(F))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to embalm; (16.64.1.11.B(2))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming case report is complete, and includes licensee's classification and license number; (16.64.1.11 A; 16.64.1.11 B(5); 61-32-20 E)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate; (16.64.1.11 B(6); 16.64.10.8 A(1))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.10.8 A(2))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date cremated remains were given/sent to the authorizing agent(s); (16.64.1.11 C; 61-32-19.1 B)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Documentation states unclaimed cremated remains may be disposed of after one (1) year in a lawful manner; (16.64.10.8 M)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tracking sheet is properly completed; (16.64.4.8 D(1))	
<input type="checkbox"/>	<input type="checkbox"/>		Records support that all authorizations were received <u>prior</u> to services being rendered; (16.64.1.11 B(2); 16.64.1.11 C)		
NOTATIONS:					

Section E5		Type of Disposition: (Check all services rendered)		<input type="checkbox"/> Burial With Embalming	<input type="checkbox"/> Cremation
		<input type="checkbox"/> Burial Without Embalming	<input type="checkbox"/> Forwarding (Transport)		
		<input type="checkbox"/> Embalming Only	<input type="checkbox"/> Other (Specify)		
NAME OF DECEASED:				DOD:	TOD:
Health					
C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment; (16.64.4.9 D(1)(2))
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.4.9 D(2)(C))
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment; (16.64.4.9 D(2)(d))
		<input type="checkbox"/>			Date and time dead human remains were embalmed; (61-32-20 A, E; 16.64.1.11 (C))
		<input type="checkbox"/>			Date and time dead human remains were released to the crematory or received by the crematory for cremation; (16.64.4.9 D(1))
		<input type="checkbox"/>			Date and time dead human remains were interred; (16.64.4.9 D(1)(2); 16.64.1.11 (C))
<input type="checkbox"/>	<input type="checkbox"/>	Records support that the dead human remains were refrigerated, embalmed, cremated or interred within 24 hours after death, or release to the establishment, or receipt by the establishment; (61-32-20 A)			
Non-Health					
C	NC	N/A	Date		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract is complete, signed by the arranger and licensee and includes the licensee's classification and license number; (16.64.1.11.A)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contract and/or general price list states that embalming is not required by state law; (61-32-20 (C)(F))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to embalm; (16.64.1.11.B(2))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming case report is complete, and includes licensee's classification and license number; (16.64.1.11 A; 16.64.1.11 B(5); 61-32-20 E)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate; (16.64.1.11 B(6); 16.64.10.8 A(1))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.10.8 A(2))	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date cremated remains were given/sent to the authorizing agent(s); (16.64.1.11 C; 61-32-19.1 B)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Documentation states unclaimed cremated remains may be disposed of after one (1) year in a lawful manner; (16.64.10.8 M)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tracking sheet is properly completed; (16.64.4.8 D(1))	
<input type="checkbox"/>	<input type="checkbox"/>	Records support that all authorizations were received <u>prior</u> to services being rendered; (16.64.1.11 B(2); 16.64.1.11 C)			
NOTATIONS:					

SECTION F – IF THERE IS/ARE DEAD HUMAN BODIES (not applicable if New Establishment)

(If New Establishment, exclude inspection of Sections E and F; Sections E and F pertain to licensed establishments.)
(C= Compliance; NC= Non-compliance; N/A= Not applicable)

Are there any dead human bodies at establishment? If yes, complete this Section. If no, skip this Section. Yes No

Total number of dead human bodies at the establishment (if applicable):

Section F1

NAME OF DECEASED: _____ DOD: _____ TOD: _____

HEALTH

C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment; (16.64.4.9 D(1)(2))
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.4.9 D(2))
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment; (16.64.4.9 D(2)(d))
		<input type="checkbox"/>			Date and time dead human remains were embalmed or are being embalmed (61-32-20 A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			If dead human remains have NOT been refrigerated, embalmed, cremated, or interred, records shall support that it is within 24 hours of death, or release, or receipt by the establishment; (61-32-20 A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			If dead human remains have been refrigerated, embalmed, cremated, or interred, records support that the dead human remains were refrigerated, embalmed, cremated or interred within 24 hours after death, or release or receipt by the establishment; (61-32-20 A)

NOTATIONS:

Section F2

NAME OF DECEASED: _____ DOD: _____ TOD: _____

HEALTH

C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment; (16.64.4.9 D(1)(2))
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.4.9 D(2))
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment; (16.64.4.9 D(2)(d))
		<input type="checkbox"/>			Date and time dead human remains were embalmed or are being embalmed (61-32-20 A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			If dead human remains have NOT been refrigerated, embalmed, cremated, or interred, records shall support that it is within 24 hours of death, or release, or receipt by the establishment; (61-32-20 A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			If dead human remains have been refrigerated, embalmed, cremated, or interred, records support that the dead human remains were refrigerated, embalmed, cremated or interred within 24 hours after death, or release to the establishment, or receipt by the establishment; (61-32-20 A)

NOTATIONS:

Section F3					
NAME OF DECEASED:				DOD:	TOD:
HEALTH					
C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment; (16.64.4.9 D(1)(2))
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.4.9 D(2))
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment; (16.64.4.9 D(2)(d))
		<input type="checkbox"/>			Date and time dead human remains were embalmed or are being embalmed; (61-32-20 A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			If dead human remains have NOT been refrigerated, embalmed, cremated, or interred, records shall support that it is within 24 hours of death, or release, or receipt by the establishment; (61-32-20 A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			If dead human remains have been refrigerated, embalmed, cremated, or interred, records support that the dead human remains were refrigerated, embalmed, cremated or interred within 24 hours after death, or release to the establishment, or receipt by the establishment; (61-32-20 A)
NOTATIONS:					

SECTION G – NON-COMPLIANCES AND/OR OTHER NOTATIONS FROM LAST INSPECTION

Include all HEALTH related non-compliance(s) from the LAST inspection here:

Include all NON-HEALTH related non-compliance(s) from the LAST inspection here:

Include all OTHER notations from the LAST inspection here:

SECTION H – NON-COMPLIANCES AND/OR OTHER NOTATIONS FROM THIS INSPECTION

Include all HEALTH related non-compliance(s) from THIS inspection here:

Include all NON-HEALTH related non-compliance(s) from THIS inspection here:

Include all OTHER notations from THIS inspection here:

SECTION I – ACKNOWLEDGEMENT OF INSPECTION

DISCLAIMER: Compliance with Board Rules and Regulations on the date of this inspection DOES NOT resolve any pending matters (complaints, disciplinary, etc.) against any licensee listed on this report.

INSPECTION NON-COMPLIANCE: The Board may take disciplinary action against any licensee as set forth in Section 61-1-3 NMSA 1978 upon finding by that board that the licensee is guilty of 61-32-24 B(5) "violation of any of the provisions of the Funeral Services Act or a rule of the board." Any licensee notified of non-compliance of the Board's inspection requirements may request for a hearing pursuant to the Uniform Licensing Act 61-1-1 et seq. NMSA 1978 if he/she believes that the establishment was not in violation of the Board's inspection/re-inspection requirements/procedures which was the basis for the non-compliance.

HEALTH RELATED NON-COMPLIANCE: Failure to correct HEALTH related non-compliance(s) WITHIN 24 HOURS may result in disciplinary action against the licensee and/or establishment by the Board. (61-32-30.2)

THE PENALTY AND RE-INSPECTION FEES MUST BE PAID AS FOLLOWS:

- None, establishment was found to be in compliance, or
- \$300.00 for the first non-compliance plus actual expenses (16.64.2.8 G(2)), or
- \$500.00 for the second non-compliance (resulting from the first non-compliance) plus actual expenses (16.64.2.8 G(3))

The Penalty and Re-Inspection Fees must be paid to the Board of Funeral Services for ANY non-compliance(s) WITHIN 10 DAYS of date of receipt of notice of the fees to be paid.

This is to acknowledge that an inspection of the establishment was conducted on this _____ day of _____, 20_____, and a copy was made available to the establishment.

ESTABLISHMENT REPRESENTATIVE:

(PRINT)

(SIGNATURE)

BOARD REPRESENTATIVE/INSPECTOR:

(PRINT)

(SIGNATURE)