

INSPECTION REPORT

CREMATORY

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 (8:00a.m. through 5:00p.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 – CREMATORY INFORMATION

NAME OF CREMATORY	LICENSE NO.
PHYSICAL ADDRESS	CITY/TOWN
CREMATORY AUTHORITY	PHONE NO.

SECTION B – TYPE OF INSPECTION

Type of Inspection	Statutory/Regulatory Authority
<input type="checkbox"/> New Crematory	(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 Crematory*	(6.64.4.11NMAC)
<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 – LICENSE (not applicable if New Crematory)

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 crematory 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).

LICENSE POSTED IN A CENTRAL, CONSPICIOUS LOCATON	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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NOTATIONS:

Revised: 10/02

SECTION D – CREMATORY BUILDING/SUPPLIES AND EQUIPMENT

Section D1		General (C=Compliance; NC=Non-compliance; N/A= Not Applicable)	
C	NC	NA	Non-Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Applicable if New Crematory.</i> Crematory services shall not be practiced without a current license (or prior to licensure); (61-32-4 A(3); 61-32-24 B(16))
<input type="checkbox"/>	<input type="checkbox"/>		All advertising, signs, listings, newspaper notices, as well as all stationery, business cards, etc., of the crematory licensed by the board shall include the name of the crematory exactly as licensed by the board; (16.64.4.11 A(8)(b))
<input type="checkbox"/>	<input type="checkbox"/>		The building in which the crematory 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"/>		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		(C=Compliance; NC=Non-compliance; N/A= Not Applicable)	
C	NC	NA	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"/>		Free of blood or other matter on floors, counters, equipment, etc.; (16.64.4.8 B)
<input type="checkbox"/>	<input type="checkbox"/>		Clean and in sanitary condition; (16.64.4.8 B)
<input type="checkbox"/>	<input type="checkbox"/>		Retort is used only for cremating dead human bodies; (61-32-19.1 A)
C	NC	Non-Health	
<input type="checkbox"/>	<input type="checkbox"/>	Cremation retort (in good working condition); (16.64.4.8 B)	
<input type="checkbox"/>	<input type="checkbox"/>	Cremation container; (16.64.10.7 D; 16.64.10.8 B(2))	
<input type="checkbox"/>	<input type="checkbox"/>	Cremains container of adequate size; (16.64.10.7 C)	
<input type="checkbox"/>	<input type="checkbox"/>	Proper system of identification of human remains within the retort; (16.64.10.8 G)	
<input type="checkbox"/>	<input type="checkbox"/>	Proper system of identification of cremated remains; (16.64.10.8 B)	
<input type="checkbox"/>	<input type="checkbox"/>	Free of residual on chamber floor of the main retort; (16.64.4.8 B)	
<input type="checkbox"/>	<input type="checkbox"/>	Free of residual on side retort door where cremains are swept into pan; (16.64.4.8 B)	
<input type="checkbox"/>	<input type="checkbox"/>	Free of residual on the processor where cremains are deposited for processing; (16.64.4.8 B)	
<input type="checkbox"/>	<input type="checkbox"/>	Free of residual on the processor where cremains fall after processing; (16.64.4.8 B)	
<input type="checkbox"/>	<input type="checkbox"/>	Free of residual on work area or table where cremains are placed in urn or cremains container; (16.64.4.8 B)	
NOTATIONS:			

SECTION E – DOCUMENTS/CONTRACTS

(If New Crematory, exclude inspection of Sections E and F; Sections E and F pertain to licensed crematories)
 (C= Compliance; NC= Non-compliance; NA= Not applicable)

Section E1	Type of Disposition: <input type="checkbox"/> Cremation of Embalmed Dead Human Remains <input type="checkbox"/> Cremation of Unembalmed Dead Human Remains
	Agent of: <input type="checkbox"/> Licensed Funeral Establishment <input type="checkbox"/> Licensed Direct Disposition Establishment Establishment Name: _____

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 crematory or received by the crematory; (61-32-19.1 C; 16.64.1.11 C)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains were embalmed; (61-32-20 A; 16.64.4.12; 16.64.1.11 C)
					Date and time dead human remains were placed in refrigeration; (16.64.1.11 C; 16.64.4.12)
					Date and time dead human remains were removed from refrigeration for cremation; (61-32-20 A; 16.64.4.12)
					Date and time dead human remains were cremated; (61-32-19.1 D; 16.64.1.11 C)
<input type="checkbox"/>	<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	Date	
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate; (61-32-19 A; 16.64.1.11.B(6); 16.64.10.8.A(1))
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.1.11.B(2); 16.64.10.8.A(2))
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date cremated remains were given/sent to the establishment or authorizing agent(s); (61-32-19.1 B; 16.64.1.11.C)
<input type="checkbox"/>	<input type="checkbox"/>		Records support that all authorizations were received <i>prior</i> to services being rendered; (61-32-19 A; 61-32-20 C; 16.64.1.11 B(2); 16.64.1.11 C)
<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)

NOTATIONS:

Section E3	Type of Disposition: <input type="checkbox"/> Cremation of Embalmed Dead Human Remains <input type="checkbox"/> Cremation of Unembalmed Dead Human Remains		
	Agent of: <input type="checkbox"/> Licensed Funeral Establishment <input type="checkbox"/> Licensed Direct Disposition Establishment Establishment Name: _____		
NAME OF DECEASED:		DOD:	TOD:
Health			
C	NC	N/A	Date Time
			Date and time dead human remains were released to the crematory or received by the crematory; (61-32-19.1 C; 16.64.1.11 C)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dead human remains were embalmed; (61-32-20 A; 16.64.4.12; 16.64.1.11 C)
		<input type="checkbox"/>	Date and time dead human remains were placed in refrigeration; (16.64.1.11 C; 16.64.4.12)
		<input type="checkbox"/>	Date and time dead human remains were removed from refrigeration for cremation; (61-32-20 A; 16.64.4.12)
		<input type="checkbox"/>	Date and time dead human remains were cremated; (61-32-19.1 D; 16.64.1.11 C)
<input type="checkbox"/>	<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	Date	
<input type="checkbox"/>	<input type="checkbox"/>	There is documentation of date and authorization to cremate; (61-32-19 A;16.64.1.11.B(6);16.64.10.8.A(1))	
<input type="checkbox"/>	<input type="checkbox"/>	There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.1.11.B(2); 16.64.10.8.A(2))	
<input type="checkbox"/>	<input type="checkbox"/>	There is documentation of date cremated remains were given/sent to the establishment or authorizing agent(s); (61-32-19.1 B; 16.64.1.11.C)	
<input type="checkbox"/>	<input type="checkbox"/>	Records support that all authorizations were received prior to services being rendered; (61-32-19 A; 61-32-20 C; 16.64.1.11 B(2); 16.64.1.11 C)	
<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)	
NOTATIONS:			

Section E4	Type of Disposition:		<input type="checkbox"/> Cremation of Embalmed Dead Human Remains <input type="checkbox"/> Cremation of Unembalmed Dead Human Remains	
	Agent of:		<input type="checkbox"/> Licensed Funeral Establishment <input type="checkbox"/> Licensed Direct Disposition Establishment Establishment Name: _____	
NAME OF DECEASED:			DOD:	TOD:
Health				
C	NC	N/A	Date	Time
				Date and time dead human remains were released to the crematory or received by the crematory; (61-32-19.1 C; 16.64.1.11 C)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Dead human remains were embalmed; (61-32-20 A; 16.64.4.12; 16.64.1.11 C)
		<input type="checkbox"/>		Date and time dead human remains were placed in refrigeration; (16.64.1.11 C; 16.64.4.12)
		<input type="checkbox"/>		Date and time dead human remains were removed from refrigeration for cremation; (61-32-20 A; 16.64.4.12)
		<input type="checkbox"/>		Date and time dead human remains were cremated; (61-32-19.1 D; 16.64.1.11 C)
<input type="checkbox"/>	<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	Date		
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate; (61-32-19 A; 16.64.1.11.B(6); 16.64.10.8.A(1))	
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.1.11.B(2); 16.64.10.8.A(2))	
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date cremated remains were given/sent to the establishment or authorizing agent(s); (61-32-19.1 B; 16.64.1.11.C)	
<input type="checkbox"/>	<input type="checkbox"/>		Records support that all authorizations were received prior to services being rendered; (61-32-19 A; 61-32-20 C; 16.64.1.11 B(2); 16.64.1.11 C)	
<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)	
NOTATIONS:				

Section E5	Type of Disposition: <input type="checkbox"/> Cremation of Embalmed Dead Human Remains <input type="checkbox"/> Cremation of Unembalmed Dead Human Remains				
	Agent of: <input type="checkbox"/> Licensed Funeral Establishment <input type="checkbox"/> Licensed Direct Disposition Establishment Establishment Name: _____				
NAME OF DECEASED:				DOD:	TOD:
Health					
C	NC	N/A	Date	Time	
					Date and time dead human remains were released to the crematory or received by the crematory; (61-32-19.1 C; 16.64.1.11 C)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains were embalmed; (61-32-20 A; 16.64.4.12; 16.64.1.11 C)
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.1.11 C; 16.64.4.12)
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for cremation; (61-32-20 A; 16.64.4.12)
		<input type="checkbox"/>			Date and time dead human remains were cremated; (61-32-19.1 D; 16.64.1.11 C)
<input type="checkbox"/>	<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	Date			
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate; (61-32-19 A;16.64.1.11.B(6);16.64.10.8.A(1))		
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date and authorization to cremate given by the office of the medical investigator; (16.64.1.11.B(2); 16.64.10.8.A(2))		
<input type="checkbox"/>	<input type="checkbox"/>		There is documentation of date cremated remains were given/sent to the establishment or authorizing agent(s); (61-32-19.1 B; 16.64.1.11.C)		
<input type="checkbox"/>	<input type="checkbox"/>		Records support that all authorizations were received <u>prior</u> to services being rendered; (61-32-19 A; 61-32-20 C; 16.64.1.11 B(2); 16.64.1.11 C)		
<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)		
NOTATIONS:					

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

(If New Crematory, exclude inspection of Sections E and F; Sections E and F pertain to licensed crematories)
 (C= Compliance; NC= Non-compliance; NA= 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 crematory or received by the crematory; (61-32-19.1 C; 16.64.1.11 C)
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.1.11 C; 16.64.4.12)
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for cremation; (61-32-20 A; 16.64.4.12)
<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 are in the process of cremation), records support that the dead human remains were refrigerated, embalmed, or cremated within 24 hours after death, or release to the crematory, or receipt by the crematory; (61-32-20 A)

NON-HEALTH

C	NC	N/A	Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cremation is in progress or has been completed and there is documentation of date and authorization to cremate from the arranger and the Office of the Medical Investigator which supports that authorization was given prior to cremation; (16.64.10.8 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 crematory or received by the crematory; (61-32-19.1 C; 16.64.1.11 C)
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.1.11 C; 16.64.4.12)
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for cremation; (61-32-20 A; 16.64.4.12)
<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 are in the process of cremation), records support that the dead human remains were refrigerated, embalmed, or cremated within 24 hours after death, or release to the crematory, or receipt by the crematory; (61-32-20 A)

NON-HEALTH

C	NC	N/A	Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cremation is in progress or has been completed and there is documentation of date and authorization to cremate from the arranger and the Office of the Medical Investigator which supports that authorization was given prior to cremation; (16.64.10.8 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 crematory or received by the crematory; (61-32-19.1 C; 16.64.1.11 C)
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration; (16.64.1.11 C; 16.64.4.12)
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for cremation; (61-32-20 A; 16.64.4.12)
<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 are in the process of cremation), records support that the dead human remains were refrigerated, embalmed, or cremated within 24 hours after death, or release to the crematory, or receipt by the crematory; (61-32-20 A)
NON-HEALTH					
C	NC	N/A	Date		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Cremation is in progress or has been completed and there is documentation of date and authorization to cremate from the arranger and the Office of the Medical Investigator which supports that authorization was given prior to cremation; (16.64.10.8 A)
NOTATIONS:					