

INSPECTION REPORT

COMMERCIAL ESTABLISHMENT

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

The Inspector is authorized, during regular business hours (8:00a.m. through 5:00p.m., excluding 12:00p.m. through 1:00p.m.) or through prior arrangement, (prior arrangements for new or change of location of establishments and crematories only) to inspect establishments and crematories, including all records, financial or otherwise. Acceptance of a license shall include permission for the Board, or its designees, to enter the premises without legal process and to inspect the establishment or crematory, including all records, financial and otherwise.

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"/> Yearly Inspection	(Section 61-32-8; 16.64.4.8 NMAC and 16.64.4.9 NMAC)
<input type="checkbox"/> Change(s) of Establishment*	(6.64.4.11NMAC)
<input type="checkbox"/> Re-Inspection	(16.64.4.11.E NMAC) (Refer to Non-Compliance Report)

Date Last Inspected: ___ / ___ / ___

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

*Outline Change(s):

SECTION C – LICENSED PERSONNEL (not applicable if New Establishment)

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

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"/>

LICENSES POSTED IN A CENTRAL, CONSPICUOUS LOCATION YES NO

NOTATIONS:

Revised 02/12

ATTACHMENT C-3

SECTION D – ESTABLISHMENT BUILDING/SUPPLIES AND EQUIPMENT

Mark the "Yes" box if the requirement has been met. Mark the "No" box if the requirement has not been met.

Section D1		16.64.4.8 of the Board's Rules requires that the following requirements pertain to all establishments, where applicable, documentation shall be made available for inspection:	
Yes	No	N/A	Non-Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable if New Establishment. Establishment has <i>not</i> started advertising and/or operating, including posting identification visible from the street identifying the name of the establishment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable if New Establishment. There shall be some identification visible from the street identifying the name of the establishment as licensed by the board
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable if Change of Name. Establishment has not started advertising including posting identification visible from the street identifying the name of the establishment
<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
<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. Current business license is posted
<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
Section D2		16.64.4.9.A of the Board's Rules provides that the following requirements pertain to all commercial establishments:	
Yes	No	Health	
<input type="checkbox"/>	<input type="checkbox"/>	Preparation (Embalming) Room is a minimum of one hundred fifty (150) square feet in size, and is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits	
Yes	No	Non-Health	
<input type="checkbox"/>	<input type="checkbox"/>	Office is entirely enclosed by flooring, walls, and ceiling, except for proper ventilation and entrances and exits having doors, and which is totally separate from the preparation room except for entrances and exits having doors	

Mark the "Yes" box if the requirement has been met. Mark the "No" box if the requirement has not been met.

Section D3: PREPARATION/EMBALMING ROOM – 16.64.4.9.A(3) of the Board's Rules requires that each commercial establishment have and maintain a preparation room, which shall be equipped with the necessary equipment and supplies necessary to embalm and otherwise prepare the human dead for final disposition and transportation, and which shall be/have:

Yes	No	Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A – No Refrigerator Refrigeration unit thermodynamically controlled and temperature measures 40 degrees
<input type="checkbox"/>	<input type="checkbox"/>	Doors closed at all times with a sign which states "employees only" or other similar sign
<input type="checkbox"/>	<input type="checkbox"/>	Equipped with a sanitary flooring of tile or other suitable hard, impervious surface
<input type="checkbox"/>	<input type="checkbox"/>	Equipped with necessary drainage (floor) (necessary = as required by OSHA)
<input type="checkbox"/>	<input type="checkbox"/>	Equipped with necessary ventilation (necessary = as required by OSHA)
<input type="checkbox"/>	<input type="checkbox"/>	Drainage for embalming purposes
<input type="checkbox"/>	<input type="checkbox"/>	Sink for washing equipment with running hot and cold water
<input type="checkbox"/>	<input type="checkbox"/>	Free of blood or other matter on floors, counters, equipment, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Stained sheets/garments receptacle labeled "infectious waste" (as required by OSHA)
<input type="checkbox"/>	<input type="checkbox"/>	Infectious waste receptacle labeled "infectious waste" (as required by OSHA)
<input type="checkbox"/>	<input type="checkbox"/>	Record of regular removal of infectious waste by an authorized company
<input type="checkbox"/>	<input type="checkbox"/>	Sharps container (as required by OSHA)
<input type="checkbox"/>	<input type="checkbox"/>	Heavy duty rubber gloves (embalming gloves)
<input type="checkbox"/>	<input type="checkbox"/>	Protective gear – smock or gown, face shield, head and shoe covers
<input type="checkbox"/>	<input type="checkbox"/>	Used only for preparation of dead human bodies
<input type="checkbox"/>	<input type="checkbox"/>	Clean and in sanitary condition
Yes	No	Non-Health
<input type="checkbox"/>	<input type="checkbox"/>	Equipped with necessary lighting (necessary = as required by OSHA)
<input type="checkbox"/>	<input type="checkbox"/>	Embalming machine (in good working condition)
<input type="checkbox"/>	<input type="checkbox"/>	Embalming table
<input type="checkbox"/>	<input type="checkbox"/>	Aspirator
<input type="checkbox"/>	<input type="checkbox"/>	Drain tubes (metal or rubber) or Spring forceps
<input type="checkbox"/>	<input type="checkbox"/>	Arterial tubes
<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm needles
<input type="checkbox"/>	<input type="checkbox"/>	Scalpel and sufficient blades
<input type="checkbox"/>	<input type="checkbox"/>	Trocar with hose
<input type="checkbox"/>	<input type="checkbox"/>	Cavity fluid injector
<input type="checkbox"/>	<input type="checkbox"/>	Autopsy aspirator
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient trocar buttons and an applicator (sufficient = at least six (6))
<input type="checkbox"/>	<input type="checkbox"/>	Array of embalming scissors
<input type="checkbox"/>	<input type="checkbox"/>	Suture needles and sufficient suture thread (sufficient = at least one-half (1/2) spool)
<input type="checkbox"/>	<input type="checkbox"/>	Razor and sufficient blades
<input type="checkbox"/>	<input type="checkbox"/>	Sealing powder
<input type="checkbox"/>	<input type="checkbox"/>	Hardening compound
<input type="checkbox"/>	<input type="checkbox"/>	Massage cream
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient cosmetics

NOTATIONS:

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

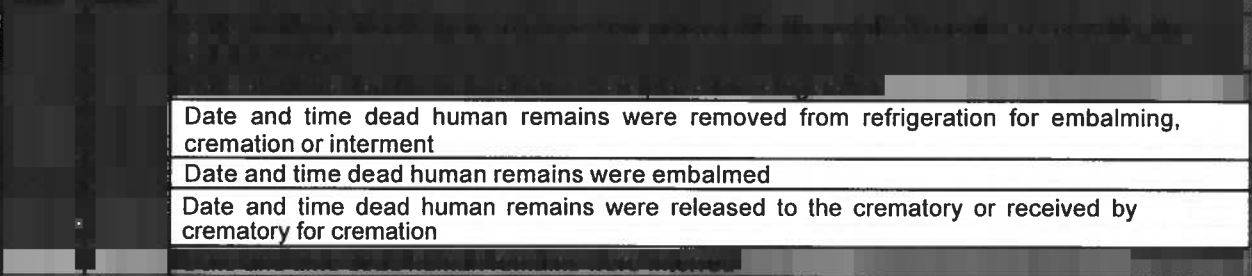


Section III



Health

Health

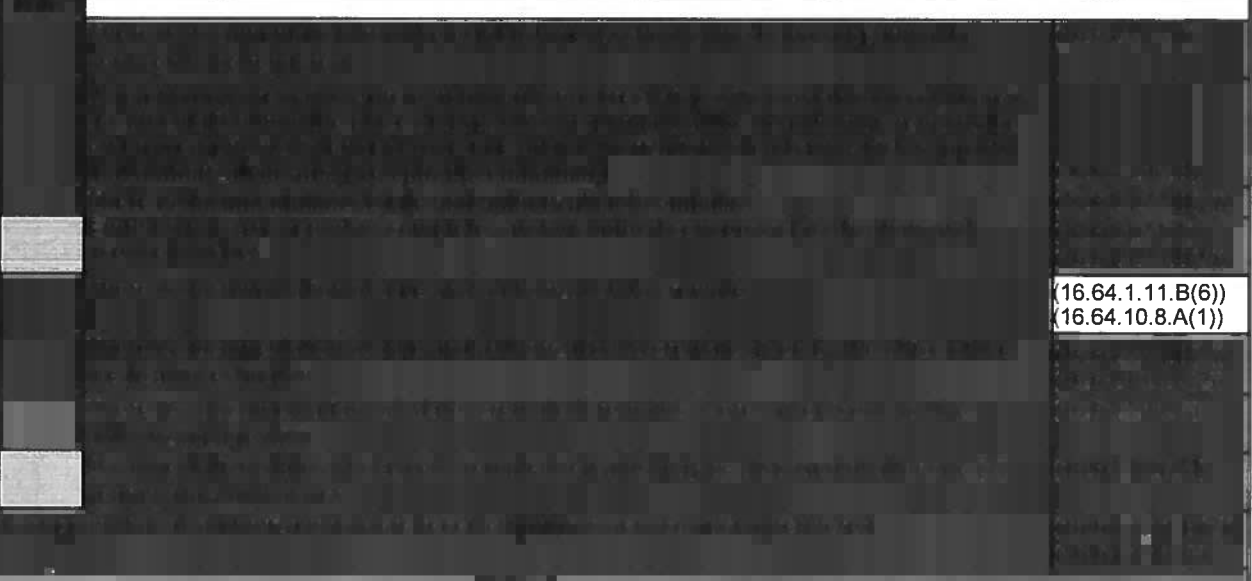


- Date and time dead human remains were removed from refrigeration for embalming, cremation or interment
- Date and time dead human remains were embalmed
- Date and time dead human remains were released to the crematory or received by crematory for cremation

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.

Non-Health

Non-Health



(16.64.1.11.B(6))
(16.64.10.8.A(1))

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)	
		Agent of:			
		<input type="checkbox"/> Licensed Funeral Establishment			
		<input type="checkbox"/> Licensed Direct Disposition Establishment			
		<input type="checkbox"/> School of Medicine			
		Name: _____			
NAME OF DECEASED:			DOD:	TOD:	
Health					
Yes	No	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment
	<input type="checkbox"/>				Date and time dead human remains were placed in refrigeration
	<input type="checkbox"/>				Date and time dead human remains were removed from refrigeration for embalming, cremation or interment
	<input type="checkbox"/>				Date and time dead human remains were embalmed
	<input type="checkbox"/>				Date and time dead human remains were released to the crematory or received by crematory
	<input type="checkbox"/>				Date and time dead human remains were interred
<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.		
Non-Health					
Yes	No	N/A	Date		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			There is documentation from the establishment/school of medicine supporting the services to be rendered (16.64.1.11.A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			If dead human remains were embalmed for a direct disposition establishment, there is documentation from the place of disposition requiring that the dead human remains be embalmed prior to interment and date and authorization to embalm which supports that authorization was given prior to embalming (16.64.1.11.B)
<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))
<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 (16.64.1.11.B(3)) (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)
<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"/>			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 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)
	Agent of:	<input type="checkbox"/> Licensed Funeral Establishment <input type="checkbox"/> Licensed Direct Disposition Establishment <input type="checkbox"/> School of Medicine	
		Name: _____	

NAME OF DECEASED:	DOD:	TOD:
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Health					
Yes	No	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment
		<input type="checkbox"/>			Date and time dead human remains were embalmed
		<input type="checkbox"/>			Date and time dead human remains were released to the crematory or received by crematory
		<input type="checkbox"/>			Date and time dead human remains were interred
<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.		

Non-Health				
Yes	No	N/A	Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation from the establishment/school of medicine supporting the services to be rendered (16.64.1.11.A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If dead human remains were embalmed for a direct disposition establishment, there is documentation from the place of disposition requiring that the dead human remains be embalmed prior to interment and date and authorization to embalm which supports that authorization was given prior to embalming (16.64.1.11.B)
<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))
<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 (16.64.1.11.B(3)) (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)
<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"/>		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 14	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)
	Agent of:	<input type="checkbox"/> Licensed Funeral Establishment <input type="checkbox"/> Licensed Direct Disposition Establishment <input type="checkbox"/> School of Medicine	
	Name:	_____	

NAME OF DECEASED: _____ **DOD:** _____ **TOD:** _____

Health					
Yes	No	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment
		<input type="checkbox"/>			Date and time dead human remains were embalmed
		<input type="checkbox"/>			Date and time dead human remains were released to the crematory or received by crematory for cremation
		<input type="checkbox"/>			Date and time dead human remains were interred
<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.

Non-Health					
Yes	No	N/A	Date		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation from the establishment/school of medicine supporting the services to be rendered	(16.64.1.11.A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If dead human remains were embalmed for a direct disposition establishment, there is documentation from the place of disposition requiring that the dead human remains be embalmed prior to interment and date and authorization to embalm which supports that authorization was given prior to embalming	(16.64.1.11.B)
<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))
<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	(16.64.1.11.B(3)) (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)
<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"/>		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)
	Agent of:	<input type="checkbox"/> Licensed Funeral Establishment	
		<input type="checkbox"/> Licensed Direct Disposition Establishment	
		<input type="checkbox"/> School of Medicine	
	Name:	_____	

NAME OF DECEASED:	DOD:	TOD:
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Health					
Yes	No	N/A	Date	Time	
					Date and time dead human remains were released to the establishment or received by the establishment
		<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration
		<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment
		<input type="checkbox"/>			Date and time dead human remains were embalmed
		<input type="checkbox"/>			Date and time dead human remains were released to the crematory or received by crematory
		<input type="checkbox"/>			Date and time dead human remains were interred
<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.		

Non-Health				
Yes	No	N/A	Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There is documentation from the establishment/school of medicine supporting the services to be rendered (16.64.1.11.A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If dead human remains were embalmed for a direct disposition establishment, there is documentation from the place of disposition requiring that the dead human remains be embalmed prior to interment and date and authorization to embalm which supports that authorization was given prior to embalming (16.64.1.11.B)
<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))
<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 (16.64.1.11.B(3)) (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)
<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"/>		Records support that all authorizations were received prior 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)

61-32-20 of the Thanatopractice Act requires that all dead human bodies not disposed of within twenty-four (24) hours after death shall be embalmed or stored under refrigeration.

16.64.4.12 of the Board's Rules requires all bodies which are refrigerated in lieu of, or prior to, embalming shall be stored at a temperature not to exceed forty (40) degrees Fahrenheit {five (5) degrees Celsius} and shall not be taken out of refrigeration until such time as the dead human body is being prepared to be embalmed, upon final disposition, or for identification purposes only not to exceed thirty (30) minutes.

16.64.1.11.B of the Board's Rules requires each establishment and crematory to maintain copies of all official documents and contracts for funeral, direct disposition, cremation, and any services rendered for services that fall within the scope of the license held pursuant to 61-32-1 et seq.

61-64.1.11.C of the Board's Rules requires each establishment to maintain documentation with dates and times of all services rendered by the establishment, or on behalf of the establishment by the crematory or other subcontractors, up to and including final disposition.

Review of records/documents is done to ensure compliance with the above referenced citation(s); therefore documentation supporting compliance needs to be properly documented and in place for each file audited.

Health Related Non-Compliance – If records do not support that the dead human remains were refrigerated or embalmed, cremated or interred within 24 hours after death, or release to the establishment, or receipt by the establishment for any file audited the result will be a Health Related Non-Compliance.

Non-Health Related Non-Compliance – If documentation is incomplete or lacking any required authorizing document the result will be a Non-Health Related Non-Compliance.

Mark the "Yes" box if the requirement as been met. Mark the "No" box if the requirement has not been met, and where applicable, enter the date and time.

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

Section F1

NAME OF DECEASED: _____ DOD: _____ TOD: _____

Health

Applicable	Not Applicable	Date	Time	
				Date and time dead human remains were released to the establishment or received by the establishment
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains have <i>not</i> been refrigerated or embalmed, <i>however</i> records support that the time between death, or the time of release to the establishment, or receipt by the establishment does not exceed 24 hours, OR
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains are refrigerated in a refrigeration unit that is thermodynamically controlled and temperature does not exceed 40 degrees, and records support that the dead human remains were refrigerated within 24 hours after death, or release to the establishment, or receipt by the establishment, OR
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains are being embalmed or have been embalmed within 24 hours after death, or release to the establishment, or receipt by the establishment.
	<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration
	<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment
	<input type="checkbox"/>			Date and time dead human remains were embalmed

Non-Health

Yes	No	N/A	Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming is in progress or has been completed and there is documentation of date and authorization to embalm which supports that authorization was given prior to embalming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalmed for direct disposition establishment and there is documentation from the place of disposition requiring that the dead human remains be embalmed prior to interment and date and authorization to embalm which supports that authorization was given prior to embalming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming was completed over 24 hours ago and embalming case report is complete, and includes licensee's classification and license number, OR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming was completed less than 24 hours ago and embalming case report is not complete

NOTATIONS:

Section F2				
NAME OF DECEASED:			DOD:	TOD:
Health				
Applicable	Not Applicable	Date	Time	
				Date and time dead human remains were released to the establishment or received by the establishment
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains have <i>not</i> been refrigerated or embalmed, <i>however</i> records support that the time between death, or the time of release to the establishment, or receipt by the establishment does not exceed 24 hours, OR
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains are refrigerated in a refrigeration unit that is thermodynamically controlled and temperature does not exceed 40 degrees, and records support that the dead human remains were refrigerated within 24 hours after death, or release to the establishment, or receipt by the establishment, OR
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains are being embalmed or have been embalmed within 24 hours after death, or release to the establishment, or receipt by the establishment.
	<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration
	<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment
	<input type="checkbox"/>			Date and time dead human remains were embalmed
Non-Health				
Yes	No	N/A	Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming is in progress or as been complete and there is ocumentation of ate an authorization to embalm which supports that authorization was given prior to embalming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalmed for direct disposition establishment and there is documentation from the place of disposition requiring that the dead human remains be embalmed prior to interment and date and authorization to embalm which supports that authorization was given prior to embalming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming was completed over 24 hours ago and embalming case report is complete, and includes licensee's classification and license number, OR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming was completed less than 24 hours ago and embalming case report is not complete
NOTATIONS:				

Section F3				
NAME OF DECEASED:			DOD:	TOD:
Health				
Applicable	Not Applicable	Date	Time	
				Date and time dead human remains were released to the establishment or received by the establishment
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains have <i>not</i> been refrigerated or embalmed, <i>however</i> records support that the time between death, or the time of release to the establishment, or receipt by the establishment does not exceed 24 hours, OR
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains are refrigerated in a refrigeration unit that is thermodynamically controlled and temperature does not exceed 40 degrees, and records support that the dead human remains were refrigerated within 24 hours after death, or release to the establishment, or receipt by the establishment, OR
<input type="checkbox"/>	<input type="checkbox"/>			Dead human remains are being embalmed or have been embalmed within 24 hours after death, or release to the establishment, or receipt by the establishment.
	<input type="checkbox"/>			Date and time dead human remains were placed in refrigeration
	<input type="checkbox"/>			Date and time dead human remains were removed from refrigeration for embalming, cremation or interment
	<input type="checkbox"/>			Date and time dead human remains were embalmed
Non-Health				
Yes	No	N/A	Date	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming is in progress or has been completed and there is documentation of date and authorization to embalm which supports that authorization was given prior to embalming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalmed for direct disposition establishment and there is documentation from the place of disposition requiring that the dead human remains be embalmed prior to interment and date and authorization to embalm which supports that authorization was given prior to embalming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming was completed over 24 hours ago and embalming case report is complete, and includes licensee's classification and license number, OR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Embalming was completed less than 24 hours ago and embalming case report is not complete

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 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 Thanatopractice Act or any rule or regulation of the board." 16.64.8 of the Thanatopractice Rules governs the Board's inspection/re-inspection requirements/procedures. Therefore any licensee who/that is 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.

NON-HEALTH RELATED NON-COMPLIANCE: Failure to correct NON-HEALTH related non-compliance(s) WITHIN 30 DAYS of date of receipt of this inspection notice may result in disciplinary action against the licensee and/or establishment by the Board.

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, or
- \$500.00 for the second non-compliance plus actual expenses, resulting from the first non-compliance.

The Penalty and Re-Inspection Fees must be paid to the Board of Thanatopractice 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)