



South Carolina Board of Funeral Service

Crematory Inspection Report

Facility Name: _____ Permit No.: _____

Address: _____

Phone: _____ Fax: _____ City _____ State _____ Zip _____

Manager: _____ Mgr. License No. _____

Make and Model of Incinerator/Retort: _____

Crematory Permit displayed conspicuously?	Yes	No
DHEC Permit displayed conspicuously?	Yes	No
Operators' Certificate(s) displayed on site?	Yes	No
Operating manual available on site?	Yes	No
Maintenance manual available on site?	Yes	No
Building(s) comply with fire and building codes?	Yes	No
Public restroom readily accessible, clean and well stocked?	Yes	No
General condition of facility	Good	Satisfactory Poor

Log Book

- Date of case
- Number of Case
- Name of Deceased
- Date Received
- Time Received
- Type of Delivery Container
- Inside of container inspected?
- Body Delivered By:
- Funeral Home Affiliated
- Disposition
- Pacemaker
- Jewelry
- Contagious Disease
- Cremation Authorization
- Death Certificate
- Date
- Time
- I. D.
- Coroner's Permit
- Burial-Removal-Transit Permit
- Operator's Initials

Tools and Supplies

- Identification Discs
- Cremation Trays
- Apron
- Industrial/Shop Vacuum
- Stoking and Clean-out Tool
- Wire Clean-out brush
- Leather Gloves
- Latex Gloves

Cremation Unit/Retort

- Floor without depressions
- Door Safety Switch
- Pollution Monitoring System
- Temperature Chart on site by Date
- Lift Table - clean and working properly

Decedent's File

- Cremation Authorization Form
- Original BRT Permit
- Certified Death Certificate
- Coroner's Permit
- Crematory Receipt of Identification
- Crematory Receipt of Delivery

Processor

- Clean and working properly
- Hand Magnets

Refrigeration

- Sized for 3 Adult Bodies
- 40 Degrees Fahrenheit
- Clean Flooring

Comments: _____

Inspected By: _____ Date of Inspection: _____

Inspection Report Received by: _____