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## FUNERAL ESTABLISHMENT INSPECTION REPORT

Authority: Occupational Code, 1980 PA 299

New Building/Business		Structural Change		Change of Ownership		Com	plaint Related	Routine
Inspection Result:	] Satisfactory				Related Complaint No.			
Name of Establishment							Establishment License No.	
Street Address							Federal I.D. No.	
City		ZIP Code			County			
Name of Establishment if Previously Licensed							Telephone No. of Establishment	
Name of Manager		License Number of Manager			Email Address			
Prepaid Funeral Sal (or Contract)*	es Registration No.	Name of Prepaid Funeral Sales Registrant				Status of Registration:		
Establishment Ownership Sole Proprietorship Partnership Corporation Limited Liability Company								
Complete for each individual owner, partner, officer, or member of the entity, and each individual whose name appears or is used in connection with the entity. Sec. 1804(1)								
Name	Name License No.		Name			License No.		
Name License No.			Name		License No.			

## CHECKLIST FOR FUNERAL ESTABLISHMENT

YES NO	<b>Requirements</b>	Law or Rule	<u>Comments</u>			
	Licensed Manager Required	Sec. 601(1)				
		R 339.18937(1); (2); (3); (4)				
	Medical Waste Producing Facility Registration	R 333.13813(1)				
	Embalming/Prep. Room complies with following:					
	Direct connections Living Quarters, Chapel, Other					
	Storage Requirement					
	Necessary Equipment					
	Running Water, Hot and Cold	Sec. 1809(5)				
	Floor Covering	R339.18931(2); (3); (4);				
	Walls & Ceiling Washable	(5); (6)				
	Ventilation					
	Clean & Sanitary		Health Dept. Will be Notified			
	Potential Cross Connection		Notice of Correction Received			
	Advertising; Licenses Posted					
	No False, Misleading or Deceptive Advertising	R 339.18941(1); (2)				
	Licenses Conspicuously Displayed	Sec. 1809(1); R 339.18943				
Additional Comments						

Inspector Name (print) / Signature

Date