



Louisiana State Board of Embalmers And Funeral Directors

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NOTICE REGARDING INSPECTIONS:

The inspector, Mr. Bowden, will be visiting all funeral establishments and crematories to perform inspections.

The inspection reports are a guide to assist with compliance.

While inspecting, comments and documentation will be noted on the reports.

The inspector will review his reports as time allows and communicate via email with his findings, suggestions, and/or recommendations. Mr. Bowden makes every effort to distribute his communications by the end of the week that the inspection took place.

Please do not be alarmed by the visits, comments and remarks. The comments are in no way to be considered as a "write-up".

The reports and notations are NOT being generated to intentionally search to find the possibility of problems and there is no intention for anyone to have to appear before the board.

These reports are simply the beginning of establishing a guideline for future reference(s). You are encouraged to express your comments, constructive advice/criticism or concerns by contacting the office by email or telephone. All contacts will remain anonymous.

The inspector's goal is to assist, guide and encourage establishments and licensees with compliance.

A sample of the inspection report:



LA State Board of Embalmers and Funeral Directors

3500 N. Causeway Blvd., Metairie, LA 70002

(504) 838-5109 PHONE / (504) 838-5112 FAX

Establishment Name:				
Address:				
Phone:		Email:		
City:		No:		
Parish:		Date:		
License #:	on display:	Main	Branch	Chapel
Number of Licensed Funeral Establishments Owned:				
Has Ownership changed since last inspection: Yes No If so, to whom:				
Manager in Charge:		Present for Inspection: Yes No		
License employees:		Interns: Present for inspection		
Temporary Licenses:				

Funeral Establishment Inspection Report

Documentation	
Yes	Current funeral director and embalmer licenses displayed - <i>ref. LA R.S. 37:843</i>
Yes	General Price List Casket Price List Outer Burial Container Price List
	Funeral Records on Site (<i>manual or electronic</i>) - <i>ref. Title 46, Chapter 11</i>
Premises - <i>ref. Title 46, Chapter 11</i>	
	Parlor or Chapel, to comfortably accommodate at least 30 seated persons.
	A private arrangement office to meet families to make arrangements.
	Restroom separate for men and women.
	Climate control system sufficient to provide comfort to the public.
	Private area to shield removal of remains from service vehicle and a covered area when exiting the facility to protect the casketed remains until placed in the hearse.
	Furnishings, equipment, and other facilities that meet standards of the board.
	Sufficient signage visible from the road.
Display Room - <i>Title 46, Chapter 11</i>	
	Display area for displaying funeral merchandise which consist of but not limited to a minimum of 6 adult caskets of a variety of styles and quality - <i>LA R.S. 37:842, F.3, (v), Title 46, Ch 11.</i>
	ID Method of Casket being used for decedent - <i>LA R.S. 37:853 / Title 46: 1109</i> Must include name of deceased, date of death and funeral home name.
Preparation Room - <i>Title 46, Chapter 11.</i>	
	Does the establishment have an embalming room? Is it properly equipped?
	Waterproof Gown, Apron or Smock Rubber or Latex Gloves Mask/ Protect Shield for Eyes & Face
	Walls shall be finished with tile, or other material finished with enamel or other waterproof material

Floors of tile, cement, linoleum, or like composition finished with a glazed surface or epoxy flooring		
A permanently installed backflow preventor for the hydro-aspirator		
Embalming room closed and locked, unless in a secure area from public access.		
Properly ventilated and climate controlled		
Sanitary embalming table of metal, glass or porcelain top, with running water draining from the table into a drain connected with a sewer or other receptacle		
Hot and cold running water with separate sink for disinfecting hands/ instruments		
Suitable Sanitary Plumbing		
Maintained in a clean and sanitary condition at all times		
Does the establishment have on-site refrigeration?	Is the temperature under 45 degrees?	LA R.S. 37:848
Embalming log containing any information at the discretion of the establishment in addition to the following required information concerning the deceased: manual/physical log (a) Name of the deceased (b) Date of embalming & place (if other than establishment) (c) Time embalming procedure took place (d) Name & Signature of the embalmer and License #		
Crematory - ref. Part III; LA R.S. 37:871, et al, Title 46, Chapter 1; 109.		
Does the establishment have an on-site crematory?		
Retort Operators:	Current retort operator licences displayed? - ref. LA R.S. 37:843	
Cremation Log: LA R.S 37:879 (h) Each Crematory Authority must maintain proper ID of remains Is there some type of log to maintain the identification of the remains? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Holding Facility? LA R.S. 37:831 definition 51 (a) Comply with any applicable health laws; (b) Preserve the dignity of the human remains; (c) Recognize the intergrity, health, safety, and welfare of the crematory authority personnel operating the crematory; (d) Secure from access by anyone other than authorized personnel. Does the Holding Facility meet the requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is crematory clean?		
Cremation Container? LA R.S 37:831 definition 25 (a) Composed of materials suitable for cremation; (b) Provide a complete covering for the human remains; (c) Be resistant to leakage or spillage; (d) Be rigid enough for handling with ease; (e) Provide protection to safegaurd the health, safety, welfare, and personal intergrity of crematory personnel. Does the Cremation Container meet the requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Temporary Container is used is it clearly marked with Name of Deceased, Name of Crematory Authority and indicated as a "Temporary Container" according to LA R.S. 37:879 Does the Temporary Container meet the requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Heat resistant gloves	Apron	Heat Reflective Face Shield

Signature of Person Contacted: _____

Inspector's signature _____