

INSPECTION REPORT FOR MORTUARY SERVICE
MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
3010 Lakeland Cove, Suite W
Flowood, MS 39232

DATE: _____

MORTUARY SERVICE NUMBER _____

NAME: _____

ADDRESS: _____
(CITY) (ZIP) (COUNTY)

PHONE NUMBER: _____ LICENSEE IN CHARGE _____
(NAME) (FS/FD #)

	YES	NO
1. Proper licenses displayed (Establishment \$100 fine) (Licensees \$100 fine)	<input type="checkbox"/>	<input type="checkbox"/>
2. Preparations rooms equipped with:		
(a) Hot & cold running water (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Sanitary floor (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Walls (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Proper ventilation (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>
(e) Approved sanitary table with running water draining from the table into drain connected with sewer or other proper receptacle (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>
(f) Normal professional instruments, equipment, and supplies (\$250 fine)	<input type="checkbox"/>	<input type="checkbox"/>
3. All instruments and tables sanitary and clean (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>
4. Preparation room maintained in a clean, sanitary, and acceptable condition (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>
5. Preparation room or each establishment used only for the preparation of dead human bodies (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>
6. Written embalming report with signatures (Rule 4.2 (3)(h)) (\$300 fine)	<input type="checkbox"/>	<input type="checkbox"/>

Remarks _____

Report received by _____

Inspector's Signature _____