

**Virginia Department of Health Professions**  
 Perimeter Center \* 9960 Mayland Drive \* Henrico, VA 23233  
 Telephone: 804.367.4400 Enforcement Division: 804.367.4691  
 www.dhp.virginia.gov

**Board of Funeral Directors and Embalmers**  
**CREMATORY INSPECTION REPORT**

	Date	Time	Inspection Hours	
Name of Crematory	Registration No <b>0510</b>	<input type="checkbox"/> PENDING	Expiration Date	
Street Address	City	State <b>VIRGINIA</b>	ZIP	
Crematory Manager				
Name of Funeral Establishment (If Applicable)	License No <b>0501</b>	<input type="checkbox"/> PENDING	Expiration Date	
Street Address	City	State <b>VIRGINIA</b>	ZIP	
<b>Type of Inspection</b> <input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Other (Describe)				
<b>* = New Inspection   C = Compliant   NC = Not Compliant   N/A = Not Applicable or Not Reviewed</b>				

**Code/Regulation   C   NC   NA   Inspection Item**

**Registration of Crematories**

- \* 65-20-435 (B)          Every crematory, regardless of how owned, shall have a manager of record who has:
  - (i) achieved certification by the Cremation Association of North America (CANA); the International Cemetery, Cremation and Funeral Association (ICCFA); or other certification recognized by the board and
  - (ii) received training in compliance with standards of the Occupational Health and Safety Administration (OSHA) for universal precautions and blood-borne pathogens.
- \* 65-20-435 (D)          All persons who operate the retort in a crematory shall have certification by the Cremation Association of North America (CANA); the International Cemetery, Cremation and Funeral Association (ICCFA); or other certification recognized by the board.
- \* 65-20-435 (D)          Persons receiving training toward certification to operate a retort shall be allowed to work under the supervision of an operator who holds certification for a period not to exceed six months.
- \* 65-20-435 (E)          A crematory providing cremation services directly to the public shall also be licensed as a funeral service establishment or shall be a branch of a licensed establishment.

**Authorization to Cremate**

- 65-20-436 (A)          A crematory shall require a cremation authorization form executed in person or electronically in a manner that provides a copy of an original signature of the next-of-kin or his representative, who may be any person designated to make arrangements for the decedent's burial or the disposition of his remains pursuant to §54.1-2825, an agent named in an advance directive pursuant to §54.1-2984, or a sheriff, upon court order, if no next-of-kin, designated person or agent is available.
- 65-20-436 (A)          The cremation authorization form shall include an attestation of visual identification of the deceased from a viewing of the remains or a photograph signed by the person making the identification.

Code/Regulation	C	NC	NA	Inspection Item
65-20-436 (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The identification attestation shall either be given on the cremation authorization form or on an identification form attached to the cremation authorization form.
65-20-436 (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the event visual identification is not feasible, a crematory may use other positive identification of the deceased as a prerequisite for cremation, pursuant to §54.1-2818.1.
<b>Standards for Cremation</b>				
* 65-20-436 (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Every crematory shall provide evidence at the time of an inspection of a permit to operate issued by the Department of Environmental Quality (DEQ).
65-20-436 (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A crematory shall not knowingly cremate a body with a pacemaker, defibrillator or other potentially hazardous implant in place.
65-20-436 (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A crematory shall not cremate the human remains of more than one person simultaneously in the same retort, unless the crematory has received specific written authorization to do so from the person signing the cremation authorization form.
65-20-436 (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A crematory shall not cremate nonhuman remains in a retort permitted by DEQ for cremation of human remains.
65-20-436 (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whenever a crematory is unable to cremate the remains within 24 hours upon taking custody thereof, the crematory shall maintain the remains in refrigeration at approximately 40 degrees Fahrenheit or less, unless the remains have been embalmed.
<b>Handling of Human Remains</b>				
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Human remains shall be transported to a crematory in a cremation container and shall not be removed from the container unless the crematory has been provided with written instructions to the contrary by the person who signed the authorization form.
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A cremation container shall substantially meet all the following standards: a. Be composed of readily combustible materials suitable for cremation b. Be able to be closed in order to provide complete covering for the human remains c. Be resistant to leakage or spillage d. Be rigid enough for handling with ease
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No crematory shall require that human remains be placed in a casket before cremation nor shall it require that the cremains be placed in a cremation urn, cremation vault or receptacle designed to permanently encase the cremains after cremation.
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cremated remains shall be placed in a plastic bag inside a rigid container provided by the crematory or by the next-of-kin for return to the funeral establishment or to the next-of-kin.
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If cremated remains are placed in a biodegradable container, a biodegradable bag shall be used.
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If placed in a container designed for scattering, the cremated remains may be placed directly into the container if the next-of-kin so authorized in writing.
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The identification of the decedent shall be physically attached to the remains and appropriate identification placed on the exterior of the cremation container.
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The crematory operator shall verify the identification on the remains with the identification attached to the cremation container and with the identification attached to the cremation authorization.
65-20-436 (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The crematory operator shall also verify the identification of the cremains and place evidence of such verification in the cremation record.

**Code/Regulation   C   NC   NA   Inspection Item**

**Recordkeeping**

65-20-436 (D)            A crematory shall maintain the records of cremation for a period of three years from the date of the cremation that indicate the name of the decedent, the date and time of the receipt of the body, and the date and time of the cremation.

65-20-436 (D)            Cremation records shall include:  
 1. The cremation authorization form signed by the person authorized by law to dispose of the remains and the form on which the next-of-kin or the person authorized by §54.1-2818.1 to make the identification has made a visual identification of the deceased or evidence of positive identification, if visual identification is not feasible  
 2. The permission form from the medical examiner  
 3. The DEQ permit number of the retort used for the cremation and the name of the retort operator  
 4. The form verifying the release of the cremains, including date and time of release, the name of the person and the entity to whom the cremains were released and the name of the decedent

**Comments**

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**Signature of Inspector**

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**Signature & Title of Applicant**

**This facility has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of the inspection report.**