South Carolina Department of Labor, Licensing and Regulation
South Carolina Funeral Service Board
P.O. Box 11329 • Columbia, SC 29211
Phone: 803-896-4497 • Fax: 803-896-4554 • www.llronline.com/POL/Funeral

SELF INSPECTION REPORT

Facility Name _____ Permit No. _____ Expires _____

Address

_____
City State Zip Phone

Type of Facility: Parent _____ Crematory _____ Branch _____ (Chapel _____ Sales Room _____ Emb. _____)

Manager _____ License No. _____ Expires _____

Embalmer _____ License No. _____ Expires _____

Permit conspicuously displayed?	Yes	No		
Manager within 25 miles of facility accessible?	Yes	No		
All buildings comply with building and fire codes?	Yes	No		
Motor Hearse	Yes	No		
Public restroom (readily accessible, clean and well stocked)	Good	Satisfactory	Poor	None
General conditions of facility	Good	Satisfactory	Poor	None

Sales Room:

Number of displayed caskets of different types _____. Casket Price List Displayed? Yes No

Outer Burial Container price list?	Yes	No	
General Price List displayed?	Yes	No	Itemized _____ Package Prices _____
Does firm sell Pre-need Life Insurance?	Yes	No	

Preparation/Embalming Room:

Structural Condition and size (at least 100 sq. ft.)	Good	Satisfactory	Poor	
Plumbing (hot and cold running water)	Good	Satisfactory	Poor	None
Backflow protection and drainage	Good	Satisfactory	Poor	None
Ventilating exhaust fan (screened, air exchange of 12 times per hour to outside)	Good	Satisfactory	Poor	None
Sanitary floor covering	Good	Satisfactory	Poor	None
Sanitary waste receptacle	Good	Satisfactory	Poor	None
Eye wash station and shower head	Good	Satisfactory	Poor	None
Instruments and supplies	Good	Satisfactory	Poor	None

Minimum instruments and supplies shall consist of: embalming machine (or gravity bottle or bulb or hand pump), at least one scalpel, at least two aneurysm hooks, assorted canulae, suture needles, trocar, hydro aspirator or electric aspirator, antiseptic soap, 12 bottles of arterial fluid, 2 bottles of cavity fluid and antiseptic. If an aspirator is installed, it must be equipped with a backflow preventor.

I certify that the information on this inspection form is true and correct. I understand that if I submit false information I am subject to disciplinary action up to and including license revocation. I understand that this inspection is in addition to those done by the LLR.

Subscribed and Sworn to on this

_____ day of _____, 20 ____

_____ _____ _____
Manager or Representative **Date** **Notary Public of SC**

My commission expires _____