



No. \_\_\_\_\_

## INSPECTION REPORT

Permit No. \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Cemetery Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code Phone #

### I. Grounds & General Maintenance

		<u>Satisfactory</u>		
		Yes	No	
1. Grounds	Grass is cut, no rubbish or debris on the ground. Shrubs & trees pruned and flower beds weeded. Good Landscaping.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Roads / Walkways	Paved with no potholes and no flooding.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Burial Sites	No sinking burial sites. Old flowers and other items disposed of properly.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Monuments	Intact, not broken or in need of repair / replacement. In proper position.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Plaques or Other Features	Clean and maintained with no broken items.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Office Building	Clean and maintained, good general housekeeping. No structural deficiencies. Roof and gutter good condition.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Mausoleum Building	Clean and maintained. No structural deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Drainage	Proper maintenance of culverts, downspouts, grates and good site drainage.	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Safety	No hazardous conditions such as uneven sidewalks or fire conditions. No Monument threats.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Signs at All Entrances (Perpetual Care)	With letters not less than six inch letters.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signs for Designated				
11. Sections "Non-Perpetual Care"	Sign to specify Non-Perpetual Care section.	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Construction	Engaged in pre-construction sales program.	<input type="checkbox"/>	<input type="checkbox"/>	Date of first sale _____

### II. Records

	Yes	No	
1. Perpetual Care statement on sales contract.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Sales Journal (numbered).	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Marker/Memorial installation log.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Lot Owner File.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Interment File.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Written Complaint Log.	<input type="checkbox"/>	<input type="checkbox"/>	_____

### III. Policies

1. Rules, Regulations and/or Polices available at reception desk. (Section 40-8-100 (c))	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Full schedule of charges for services (required and optional). (Section 40-8-100 (g))	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Policy posted conspicuously stating that memorials and merchandise may be purchased from vendors other than the cemetery if the items meet the reasonable policies by the cemetery. (Section 40-8-100 (f))	<input type="checkbox"/>	<input type="checkbox"/>	_____

Review and Explanations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Follow-up inspection due date) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Inspector \_\_\_\_\_

Manager or Representative