Arkansas State Board of Embalmers & Funeral Directors

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RULE XVII – INSPECTIONS

1. **Inspector shall inspect Type A, B, C, and D establishments for their initial first inspections for a fee of two hundred fifty ($250.00) dollars.**

Inspection Request Form - $250.00 fee

Preferred date of Inspection:_____

Date of scheduled Inspection: _____

Establishment Name:_____

Establishment Board ID#:_____License #_____
If different than BID#

Establishment Physical Address: _____

City:_____ Zip: _____

Contact Person:_____ Contact Phone #:_____

Reason for Inspection:_____

_____

Was Inspection successfully completed? Yes ☐ No ☐

Inspection Report:_____

_____

_____

_____

_____ _____
Inspector Signature Manager and./or Owner Signature