ALTERNATIVE DISPOSITION FACILITY INSPECTION CHECKLIST
OREGON MORTUARY & CEMETERY BOARD
800 NE OREGON STREET (Suite 430) PORTLAND, OREGON 97232
(971) 673-1500

FACILITY NAME: _____________________________ LIC # __________

PHYSICAL ADDRESS: _______________________________ PHONE # __________________

MAILING ADDRESS: __________________________________________________________________________

MANAGER: _____________________________________________________________

DATE: ___________ TIME: ___________ / ___________ am / pm INSPECTOR(s): _________________________

LICENSE POSTED:

   Establishment license posted conspicuously for public viewing: _____________________________

   If Alternative Disposition facility is co-located with FE, license may be posted with FE license(s). If not, and the public visits the
   Alternative Disposition facility, (witnesses disposition), the license is visibly posted. OAR 830-040-0000(13)

   Location of Records: __________________________________________________________ OAR 830-040-0000(14)

   Is the assumed business name / ownership entity active with Secretary of State? ________________
   ORS 692.025; ORS 692.180; ORS 692.275; ORS 692.990; OAR 830-040-0030

   Outstanding Licensing Issues? ____________________________

   Have there been Changes in Principals? ____________________________
   ORS 692.148(1); OAR 830-011-0000(40)

ADVERTISING:

   Internet Advertising? _________ Contains prices? _______ include link to effective GPL? ______
   OAR 830-040-0050(6)

   Misrepresentation? Accurate Name? _______ Address? _______
   OAR 830-040-0050(5); OAR830-040-0050(1)

ALTERNATIVE DISPOSITION FACILITY CONDITION:

   ALTERNATIVE DISPOSITION FACILITY IS MAINTAINED IN A SANITARY CONDITION?
   Generally: OAR 830-040-0010(1); Oregon Health Laws: OAR 830-030-0090(1)(a)

   INSPECTOR COMPLETED TOUR / INSPECTION OF ALL AREAS OF ESTABLISHMENT OTHER
   THAN THOSE USED AS LIVING QUARTERS ORS 692.320(2)

FACILITY COMPLIANCE (For facilities performing dissolution):

   IS THE FACILITY COMPLYING WITH THE FOLLOWING REQUIREMENTS: OAR 830-030-0000(3)

   The Alternative Disposition Facility Authority must only employ a purpose-built vessel as a dissolution
   chamber. (a)

   If operating above atmospheric pressure, using an American Society of Mechanical Engineers' (ASME)
   certified pressure vessel as a dissolution chamber. (b)

   Following the Federal Center for Disease Infection Control guidelines for the application of heat, time and
   pressure during the dissolution process. (c)

   discharge liquid that is a byproduct of the dissolution process meets the facility’s sewage collection and
   treatment facility requirements regarding acceptable pH level. (d)
MANAGEMENT:

______ Is the person named as manager on the license on site?  Y / N  (see appropriate rules below)
Normal hours assigned manager is on-site: ________________________________________

Facility has no manager = OAR 830-030-0000(12); Person managing is not assigned manager on the Board's records = OAR 830-040-0000(6);  Change of principal without notification or approval = OAR 830-040-0000(6);  Definition of Principal = OAR 830-011-0000(40)

______ Licensee cooperated with the inspection:  Y / N  OAR 830-040-0010(2), (3), (4) & (5)

______ False or Misleading Information:  Y / N  OAR 830-050-0050(4);  OAR 830-040-0010(2), (3), (4) & (5);  OAR 830-050-0000(1);  OAR 838-030-0090(4)(d), (f) & (g)

REMAINS PRESENT AT ALTERNATIVE DISPOSITION FACILITY:

______ NUMBER OF HUMAN REMAINS PRESENT FOR ALTERNATIVE DISPOSITION __________________________

______ LOCATION __________________________________________________________

______ Wrapped in sheet (if unembalmed) ___________________________________________ OAR 830-030-0010(1)

______ If not immediately placed in Alternative Disposition chamber, remains are placed in room w/ “Private” or “AEO” OAR 830-030-0040(3)

______ If unembalmed - refrigerated at 36 °F or less or within app. Health laws: _______ OAR 830-030-0000(2);  OAR 830-030-0010(1)

______ ARE ANY HUMAN REMAINS PRESENT ON PREMISES FOR WHICH FINAL DISPOSITION HAS NOT OCCURRED WITHIN 48 HOURS?  (and the premises is not co-located with a funeral establishment) OAR 830-040-0000(11)

______ Y / N  If yes, state exigent circumstances: __________________________________________

Notified Board? __________ Notified FSP? _______________ (FSP notified family? _______________) OAR 830-040-0000(11)

OPERATORS / SEXTONS: __________________________________________________________

REFRIGERATION:

On-site?  Y / N  If not, location __________________________ w/in 45 miles?  Y / N _______ OAR 830-040-0020(6)

Remains Present:______ Casketed: _______ Tag on Container: __________________________ OAR 830-030-0000(6)

Sanitary?  Y / N  _________________________________________________________________

_____________________________________________________________ OAR 830-040-0020(6); OAR 830-040-0010(1)

Good Operating Condition? __________________________ OAR 830-040-0020(6)

_____________________________________________________________ OAR 830-040-0020(6)

______ Thermometer working properly? __________________________________________ Location:

Arrival:  Facility Thermometer: ___________ at _________ am/pm
Arrival:  OMCB Thermometer: ___________ at _________ am/pm

After adjustment:  Facility Thermometer: ___________ at _________ am/pm
After adjustment:  OMCB Thermometer: ___________ at _________ am/pm
ALTERNATIVE DISPOSITION FACILITY AUTHORITY PROCEDURES / DUTIES of Sexton:

OAR 830-030-0000(2) Alternative Disposition Facility Authorities shall comply with the requirements in this division (Division 30) for the handling and tracking of human remains prior to, during, and after cremation as if the Alternative Disposition Facility Authority is a Crematory Authority, the alternative disposition remains are cremated remains and the dissolution chamber is a crematorium. OAR 830-030-0000(4) Provides it shall be the responsibility of the funeral service practitioner or person acting as a funeral service practitioner as that term is defined in OARS Chapter 432.005(11) to ensure that an identifying metal disc with a number assigned by the State Registrar’s Office imprinted on the disc is attached to the casket or other receptacle containing human remains, or is attached to the human remains if there is no receptacle. OAR 830-030-0000(6) It shall be the responsibility of the Cemetery Authority or Crematory Authority to see that the identifying metal disc is properly secured to each receptacle containing human remains, or, when no receptacle is used, to the remains, when remains are delivered to the facility and that the number on the identifying metal disc is the number recorded on the final disposition permit. The Cemetery Authority or Crematory Authority shall sign the final disposition permit verifying this fact prior to accepting the remains. At no time shall the Cemetery Authority or Crematory Authority accept remains without the proper identifying metal disc unless death occurred in a state other than Oregon.

REQUIRED IDENTIFICATION / PAPERWORK PRESENT:

______ PRIOR TO ACCEPTING REMAINS, ALTERNATIVE DISPOSITION FACILITY AUTHORITY HAS SIGNED THE FINAL DISPOSITION PERMIT VERIFYING THE ID TAG NUMBER ON THE RECEPTACLE CONTAINING THE REMAINS IS THE NUMBERRecorded ON THE FINAL DISPOSITION PERMIT. OAR 830-030-0000(6)

______ Has final disposition permit prior to accepting remains: OAR 830-030-0030(1)(2)(3); ORS 432.317(6)

______ Sexton records the date of final disposition on the permit: ORS 432.317(7)

______ ID TAG on ALTERNATIVE DISPOSITION CONTAINER PRIOR TO ALTERNATIVE DISPOSITION OR Deaths, at head end of Casket / Container or attached to remains: OAR 830-030-0030(1); OAR 830-030-0000(4)(a), (b) & (6)

If remains arrive at the Alternative Disposition facility not in an alternative disposition container, the Alternative Disposition Facility Authority shall satisfy identification, and thereafter place the following upon the exterior of the alternative disposition container (receptacle):

_____ Name of deceased
_____ Date of death
_____ Place of death
_____ Name and relationship of authorizing agent
_____ Name of authorizing agent or firm engaging Alternative Disposition facility services

WRITTEN ALTERNATIVE DISPOSITION AUTHORIZATION OAR 830-030-0030(1) & (3)

______ ID TAG ACCOMPANIES REMAINS THROUGH ALTERNATIVE DISPOSITION PROCESS

Hook on outside of chamber: OAR 830-030-0000(2); OAR 830-030-0000(5); OAR 830-030-0040(6)

______ UNDERGO PROCESSING:

All residual of Alternative Disposition process shall be processed (unidentifiable dimensions): OAR 830-030-0050(2)

Definition of: “Processed Alternative Disposition Remains:” OAR 830-011-0000(41)

______ ID Tag follows processed remains through process: OAR 830-030-0000(5)

______ PLACE ENTIRE PROCESSED REMAINS IN CONTAINER WITH DISC OAR 830-030-0050(3)

______ EXCESS PROCESSED HUMAN REMAINS ARE: OAR 830-030-0050(4)

______ ID TAG ATTACHED to or IN PROCESSED REMAINS CONTAINER AFTER ALTERNATIVE DISPOSITION OAR 830-030-0050(3)
INFORMATION REQUIRED to be: Affixed To Temp Receptacle -or- Attached to Permanent Receptacle:
OAR 830-030-0050(5)

NAME_________ DOD_________ ID#_________ FUNERAL HOME ________ ALTERNATIVE DISPOSITION FACILITY ________

RECEIPT FOR PROCESSED REMAINS:

_____ IS A COPY OF THE RECEIPT FOR PROCESSED REMAINS RETAINED THAT INCLUDES THE FOLLOWING:

OAR 830-040-0000(9)

_______ Name of the deceased
_____ Name of the individual receiving the remains
_______ Date of delivery
_____ Signature of individual receiving the remains
_____ The licensee or licensee’s representative releasing the remains signature

PERMANENT RECORDS:

OAR 830-040-0000(7) All licensees and licensed facilities shall keep a detailed, accurate, and permanent record of all transactions that are performed for the care, preparation and final disposition of human remains. The record shall set forth as a minimum:
(a) Name of decedent and, when applicable, the identifying metal disc number provided by the State Registrar’s office;
(b) Date of death;
(c) Name of person arranging for delivery of goods and services and the person authorizing the final disposition;
(d) Name of place of disposition. In cemetery records, the “name of place” means exact location of the interment of human remains by crypt, niche, or by grave, lot and plot;
(e) The name of the funeral service practitioner, cemetery, crematory or alternative disposition facility personnel responsible for making and executing the arrangements pertaining to the delivery of goods and services;
(f) The name of the embalmer and funeral establishment responsible for embalming (applies only to funeral establishment records); and
(g) Written permission for embalming, final disposition and scattering services from the person who has the right to control disposition of the human remains pursuant to ORS 97.130(1) and (2). The record of such authorization shall include at a minimum: printed name, signature and phone number of the authorizing agent and relationship to the deceased, date and time permission was obtained, and printed name and signature of the licensee or facility representative acquiring the authorization.

ORS 97.720(1) Record of interments and cremations; inspection. (1) The person in charge of any premises on which interments or cremations are made shall keep a record of all remains interred or cremated on the premises under the person’s charge, in each case stating the name of each deceased person, the date of interment or cremation, and the name and address of the funeral service practitioner.

1. NAME (a) & ORS 97.720(1) ___________________________ ID TAG(a) & ORS 97.720(1) ___________________________

   Date of Disposition ORS 97.720(1) ___________________________ Date of Death (b)____________________

   Name of the Person arranging for delivery of goods (c) ___________________________

   Written Authorization (g) Y / N ___________ Location of the Remains (d)______________________

   Name of the Disposition facility personnel responsible for making or for executing the arrangements (e)______________________________

   Name and address of the funeral service practitioner, if any: _____________________________ORS 97.720(1)

2. NAME (a) & ORS 97.720(1) ___________________________ ID TAG(a) & ORS 97.720(1) ___________________________

   Date of Disposition ORS 97.720(1) ___________________________ Date of Death (b)____________________

   Name of the Person arranging for delivery of goods (c) ___________________________

   Written Authorization (g) Y / N ___________ Location of the Remains (d)______________________

   Name of the Disposition facility personnel responsible for making or for executing the arrangements (e)______________________________

   Name and address of the funeral service practitioner, if any: _____________________________ORS 97.720(1)
3. NAME (a) & ORS 97.720(1) ___________________________ ID TAG(a) & ORS 97.720(1) ____________
   Date of Disposition ORS 97.720(1) ___________________ Date of Death (b)______________
   Name of the Person arranging for delivery of goods (c) ________________________________
   Written Authorization (g) Y / N _________ Location of the Remains (d)_________________
   Name of the Disposition facility personnel responsible for making or for executing the arrangements (e)_____________________________________________________________________________________
   Name and address of the funeral service practitioner, if any: ____________________________ORS 97.720(1)

4. NAME (a) & ORS 97.720(1) ___________________________ ID TAG(a) & ORS 97.720(1) ____________
   Date of Disposition ORS 97.720(1) ___________________ Date of Death (b)______________
   Name of the Person arranging for delivery of goods (c) ________________________________
   Written Authorization (g) Y / N _________ Location of the Remains (d)_________________
   Name of the Disposition facility personnel responsible for making or for executing the arrangements (e)_____________________________________________________________________________________
   Name and address of the funeral service practitioner, if any: ____________________________ORS 97.720(1)

COMMENTS / FOLLOW UP / QUESTIONS ASKED THAT NEED RESEARCH:

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