

## **CREMATORY INSPECTION CHECKLIST**

**OREGON MORTUARY & CEMETERY BOARD  
800 NE OREGON STREET (Suite 430) PORTLAND, OREGON 97232  
971/673-1500**

**CREMATORY NAME:** \_\_\_\_\_ **LIC #** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**RECORDS ADDRESS:** \_\_\_\_\_ **ORAR 830-040-0000(13)**

**MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ am / pm **INSPECTOR(s):** \_\_\_\_\_

**LICENSE POSTED:**

\_\_\_\_\_ **Establishment license posted conspicuously for public viewing:** \_\_\_\_\_  
If crematory is co-located with FE, license may be posted with FE license(s). If not, and the public visits the crematory (witnesses cremations), the license is visibly posted. **ORAR 830-040-0000(12)**

**CREMATORY CONDITION:**

\_\_\_\_\_ **CREMATORY IS MAINTAINED IN A SANITARY CONDITION?** \_\_\_\_\_

Generally: **ORAR 830-040-0010(1)**; Oregon Health Laws: **ORAR 830-030-0090(1)(b)**

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

**REFRIGERATION, if any:** (OR - see co-located FE: \_\_\_\_\_)

**Good Operating Condition?** \_\_\_\_\_ **ORAR 830-040-0020(10)**

**Sanitary?** \_\_\_\_\_

\_\_\_\_\_ **ORAR 830-040-0020(10); ORAR 830-040-0010(1)**

**Remains present?** \_\_\_\_\_ (Casketed, etc.? See below)

\_\_\_\_\_ **Thermometer working properly?** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**ORAR 830-030-0010(1); ORAR 830-040-0020(10)**

**Arrival:** **Facility Thermometer:** \_\_\_\_\_ at \_\_\_\_\_ am/pm **ORAR 830-030-0010(1)**

**Arrival:** **OMCB Thermometer:** \_\_\_\_\_ at \_\_\_\_\_ am/pm

After adjustment: **Facility Thermometer:** \_\_\_\_\_ at \_\_\_\_\_ am/pm

After adjustment: **OMCB Thermometer:** \_\_\_\_\_ at \_\_\_\_\_ am/pm

**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(8); Person managing is not the assigned manager on the Board's records = OAR 830-040-0000(5); ORS 692.148(1); Change of principal without notification or approval = ORS 692.148(1); Definition of Principal = OAR 830-011-0000(32);

\_\_\_\_\_  
Licensee cooperated with the inspection: Y / N \_\_\_\_\_  
\_\_\_\_\_ OAR 830-040-0010(2) & (5);  
false or misleading information to Inspector = OAR 830-040-0010(3)

**REMAINS PRESENT IN CREMATORY:**

\_\_\_\_\_  
NUMBER OF HUMAN REMAINS PRESENT FOR CREMATION \_\_\_\_\_

\_\_\_\_\_  
LOCATION \_\_\_\_\_

- \_\_\_\_\_ Wrapped in sheet (if unembalmed) \_\_\_\_\_ OAR 830-030-0010(1)
- \_\_\_\_\_ If not immediately cremated, remains are placed in room w / "Private" or "AEO" \_\_\_\_\_ OAR 830-030-0040(2)
- \_\_\_\_\_ If unembalmed - Refrigerated at 36 °F or less or within app. Health laws: \_\_\_\_\_ OAR 830-030-0010(1)

\_\_\_\_\_  
ARE ANY HUMAN REMAINS (EXCLUDING CREMATED 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) Y / N If yes, state exigent circumstances:  
\_\_\_\_\_

Notified Board? \_\_\_\_\_ Notified FSP? \_\_\_\_\_ (FSP notified family? \_\_\_\_\_) OAR 830-040-0000(10)

**OPERATORS / SEXTONS:** \_\_\_\_\_

**CREMATORY AUTHORITY PROCEDURES / DUTIES of SEXTON:**

OAR 830-030-0000(3) provides that it is the responsibility of the funeral service practitioner to see that the State ID tag is to the receptacle containing remains. OAR 830-030-0000(5) provides that it shall be the responsibility of the crematory authority to see that the identifying metal disc is properly secured to each receptacle containing human remains when remains are delivered to the crematory authority. The crematory authority/sexton shall sign the final disposition permit signifying that the number on the metal tag matches the Oregon death certificate. At no time shall the crematory accept remains without an identifying metal disc unless death occurred in a state other than Oregon].

**REQUIRED IDENTIFICATION / PAPERWORK PRESENT:**

\_\_\_\_\_  
PRIOR TO ACCEPTING REMAINS, CREMATORY AUTHORITY HAS SIGNED THE FINAL DISPOSITION PERMIT VERIFYING THE ID TAG NUMBER ON THE RECEPTACLE CONTAINING REMAINS IS THE NUMBER RECORDED ON THE FINAL DISPOSITION PERMIT.  
\_\_\_\_\_ OAR 830-030-0000(3)(5)

- \_\_\_\_\_ 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 CREMATION CONTAINER PRIOR TO CREMATION (Oregon Deaths)

\_\_\_\_\_ On top/head end of Casket, Alternative Container or Receptacle: OAR 830-030-0030(1); OAR 830-030-0000(3)

If remains arrive at the crematory not in a cremation container, the crematory authority shall satisfy identification, and thereafter place the following upon the exterior of the cremation container (receptacle):

- \_\_\_\_\_ Name of deceased OAR 830-030-0030(3)
- \_\_\_\_\_ Date of death
- \_\_\_\_\_ Place of death
- \_\_\_\_\_ Name and relationship of authorizing agent
- \_\_\_\_\_ Name of authorizing agent or firm engaging crematory services

\_\_\_\_\_  
WRITTEN CREMATION AUTHORIZATION \_\_\_\_\_ OAR 830-030-0040(1)

\_\_\_\_\_  
ID TAG ACCOMPANIES REMAINS THROUGH CREMATION PROCESS \_\_\_\_\_  
Inside chamber \_\_\_\_\_ OR on hook on outside of chamber: \_\_\_\_\_ OAR 830-030-0000(4); OAR 830-030-0040(5)

\_\_\_\_\_ **UNDERGO PROCESSING:** \_\_\_\_\_  
\_\_\_\_\_ All residual of cremation process shall be processed (unidentifiable dimensions): **OAR 830-030-0050(2);**  
\_\_\_\_\_ Definition of: "Processed Cremated Remains:" **OAR 830-0011-0000(33)**  
\_\_\_\_\_ ID Tag follows cremated remains through process: **OAR 830-030-0000(4)**

\_\_\_\_\_ **PLACE ENTIRE CREMATED REMAINS IN CONTAINER WITH DISC** \_\_\_\_\_  
\_\_\_\_\_ **OAR 830-030-0050(3); ORS 692.405**

\_\_\_\_\_ **EXCESS CREMATED HUMAN REMAINS ARE:** \_\_\_\_\_ **OAR 830-030-0050(4)**

\_\_\_\_\_ **RETORT(s) Swept Clean?** \_\_\_\_\_ **OAR 830-030-0050(1)**  
\_\_\_\_\_ **Entire Cremated remains in Container?** \_\_\_\_\_ **OAR 830-030-0050(3)**  
\_\_\_\_\_ **(Vacuum (optional) checked)**

\_\_\_\_\_ **ID TAG ATTACHED to CREMATED REMAINS CONTAINER AFTER CREMATION** (the container most often used by crematories is the plastic bag) \_\_\_\_\_  
\_\_\_\_\_ **OAR 830-030-0050(3)**

**INFORMATION REQUIRED to be:** \_\_\_\_\_ **OAR 830-030-0050(5)**  
**AFFIXED TO TEMPORARY RECEPTACLE or ATTACHED TO PERMANENT RECEPTACLE (urn):**

**NAME** \_\_\_\_\_ **DOD** \_\_\_\_\_ **ID #** \_\_\_\_\_ **FUNERAL HOME** \_\_\_\_\_ **CREMATORY NAME** \_\_\_\_\_

**RECEIPT FOR CREMATED REMAINS:**

\_\_\_\_\_ **IS A COPY OF THE RECEIPT FOR CREMATED REMAINS RETAINED THAT INCLUDES THE FOLLOWING:** \_\_\_\_\_ **OAR 830-040-0000(8)**

- \_\_\_\_\_ Name of the deceased
- \_\_\_\_\_ Name of the individual receiving the cremains
- \_\_\_\_\_ Date of delivery
- \_\_\_\_\_ Signature of individual receiving the cremains
- \_\_\_\_\_ The licensee or licensee's representative releasing the cremains signature

**PERMANENT RECORDS:** (Location) \_\_\_\_\_

**OAR 830-040-0000(6)(a)(b)(c)(d)(e)** (6) All licensees, licensed facilities and funeral service practitioners shall keep a detailed, accurate, and permanent record of all transactions that are performed for the care and preparation and final disposition of human remains. The record shall set forth as a minimum:

- (a) Name of decedent and the identifying metal disc number provided by Vital Statistics;
- (b) Date of death;
- (c) Name of purchaser of professional services and relationship;
- (d) Name of place wherein remains are to be interred or cremated (in cemetery records the exact location of the interment of remains by crypt, niche, or by grave, lot and plot);
- (e) The name of the funeral service practitioner or cemetery or crematory personnel responsible for making the arrangements;

**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 Cremated (ORS 97.720(1))** \_\_\_\_\_ **Date of Death (b)** \_\_\_\_\_

**Name of the Purchaser of professional services (c)** \_\_\_\_\_ **and**

**the Relationship to the decedent (c)** \_\_\_\_\_

**Location of the Remains (d)** \_\_\_\_\_

Name of Crematory Personnel responsible for 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 Cremated (ORS 97.720(1)) \_\_\_\_\_ Date of Death (b) \_\_\_\_\_

Name of the Purchaser of professional services (c) \_\_\_\_\_ and  
the Relationship to the decedent (c) \_\_\_\_\_

Location of the Remains (d) \_\_\_\_\_

Name of Crematory Personnel responsible for 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 Cremated (ORS 97.720(1)) \_\_\_\_\_ Date of Death (b) \_\_\_\_\_

Name of the Purchaser of professional services (c) \_\_\_\_\_ and  
the Relationship to the decedent (c) \_\_\_\_\_

Location of the Remains (d) \_\_\_\_\_

Name of Crematory Personnel responsible for 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 Cremated (ORS 97.720(1)) \_\_\_\_\_ Date of Death (b) \_\_\_\_\_

Name of the Purchaser of professional services (c) \_\_\_\_\_ and  
the Relationship to the decedent (c) \_\_\_\_\_

Location of the Remains (d) \_\_\_\_\_

Name of Crematory Personnel responsible for 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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