

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: _____ **OR 830-040-0000(13)**

MAILING ADDRESS: _____

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. **OR 830-040-0000(12)**

CREMATORY CONDITION:

_____ **CREMATORY IS MAINTAINED IN A SANITARY CONDITION?** _____

Generally: **OR 830-040-0010(1)**; Oregon Health Laws: **OR 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)**

(areas) _____

REFRIGERATION:

On-site? Y / N If not, location _____ **w/in 45 miles? Y / N** _____ **ORS 692.025(3)(d); OR 830-040-0020(6)**

Remains Present: _____ **Casketed:** _____ **Tag on Container:** _____ **OR 830-030-0000(2)(a) & (b)**

Sanitary? Y / N _____

_____ **OR 830-040-0020(6); OR 830-040-0010(1)**

Good Operating Condition? _____ **OR 830-040-0020(6)**

_____ **Thermometer working properly?** _____ **Location:** _____

_____ **OR 830-030-0010(1); OR 830-040-0020(6)**

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**

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(34)

_____ Licensee cooperated with the inspection: Y / N _____

_____ OAR 830-040-0010(2), (4) & (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(2) 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 ORS 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. OAR 830-030-0000(4) 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 when remains are delivered to the Cemetery Authority or Crematory Authority 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, 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(4)

- _____ 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(2)

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(3); 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 830-011-0000(35)

_____ ID Tag follows cremated remains through process: OAR 830-030-0000(3)

_____ **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? Vacuum (Optional)** _____ OAR 830-030-0050(1)

Entire Cremated remains in Container? _____ OAR 830-030-0050(3)

_____ **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:

Affixed To Temporary Receptacle -or- Attached to Permanent Receptacle (Urn): OAR 830-030-0050(5)

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) All licensees and licensed facilities 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, 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 wherein remains are to be interred or cremated. In cemetery records, the "name of place" means 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 or for executing the arrangements pertaining to the delivery of goods and services;
- (f) The name of the embalmer responsible for embalming performed by the licensee and funeral establishment; and
- (g) Written documentation of permission to embalm or cremate a human remains is required from the person who has the right to control disposition of the remains pursuant to ORS 97.130(1) and (2). The record of such authorization shall include as a minimum: The name and phone number of the authorizing individual and relationship to the deceased, date and time contacted, and name of the licensee or funeral establishment or immediate disposition company 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 Cremated ORS 97.720(1) _____ **Date of Death (b)** _____
Name of the Person arranging for delivery of goods (c) _____
Location of the Remains (d) _____
Name of the Funeral Service Practitioner or Cemetery or Crematory personnel responsible for making or for executing the arrangements (e) _____
Name and address of the funeral service practitioner, if any: _____ **ORS 97.720(1)**
Written Cremation Authorization (g) Y / N

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 Person arranging for delivery of goods (c) _____
Location of the Remains (d) _____
Name of the Funeral Service Practitioner or Cemetery or Crematory personnel responsible for making or for executing the arrangements (e) _____
Name and address of the funeral service practitioner, if any: _____ **ORS 97.720(1)**
Written Cremation Authorization (g) Y / N

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 Person arranging for delivery of goods (c) _____
Location of the Remains (d) _____
Name of the Funeral Service Practitioner or Cemetery or Crematory personnel responsible for making or for executing the arrangements (e) _____
Name and address of the funeral service practitioner, if any: _____ **ORS 97.720(1)**
Written Cremation Authorization (g) Y / N

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 Person arranging for delivery of goods (c) _____
Location of the Remains (d) _____
Name of the Funeral Service Practitioner or Cemetery or Crematory personnel responsible for making or for executing the arrangements (e) _____

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

Written Cremation Authorization (g) Y / N

COMMENTS / FOLLOW UP / QUESTIONS ASKED THAT NEED RESEARCH:
