

Site Inspection Check List for:

Morgue and Autopsy - OAR 333-535-0160

PR#	Date:	Inspector:		
Provider:				
Project:				
Address:				
Present at Site Ins				
Intended Occupar	ncy Date:			
Required <b>PRIOR</b> t	o Approved Inspection	:	RECEIVED? YES NO NA	
	upancy (CO) from gove erification (if required)	rning jurisdiction		

## SITE INSPECTION:

EXT	ERI	OR = Verify that the facility has installed:	
YES	NO	NA	

These facilities shall be directly accessible to an outside entrance and shall be located to avoid transfer of cadavers through public areas.
333-535-0160(1)

## **INTERIOR** = Verify that the facility has installed: **AUTOPSY ROOM**:

YES NO NA

The following elements shall be provided when autopsies are performed within the hospital: 333-535-0160 (2)

	Refrigerated facilities for body-holding equipped with temperature monitoring and alarms. 333-535-0160 (2)(a)
	Autopsy room shall contain: 333-535-0160 (2)(b)
	Work counter with a hand-washing station 333-535-0160 (2)(b)(A)
	Storage space for supplies, equipment, and specimens 333-535-0160 (2)((b)(B)
	Autopsy table 333-535-0160 (2)(b)(C)
	Clothing change area with shower, toilet and lockers within the area 333-535-0160 (2)(b)(D)
	Housekeeping service sink or receptacle 333-5635-0160 (2)(b)(E)
	If autopsies are performed outside the facility, only a well-ventilated body-holding room need be provided within the hospital. 333-535-0160 (3)