

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 # _____

MAILING ADDRESS: _____

Location of Records: _____

MANAGER: _____ OAR 830-040-0000(14)

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. OAR 830-040-0000(13)

_____ Is the ownership entity / assumed business name active with Secretary of State? _____
ORS 692.025; ORS 692.180; ORS 692.275; 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); OAR 830-040-0050(1)

CREMATORY CONDITION:

_____ CREMATORY IS MAINTAINED IN A SANITARY CONDITION? OAR 830-040-0010(1); OAR 830-030-0090(1)(a)

_____ INSPECTOR COMPLETED TOUR / INSPECTION OF ALL AREAS OF ESTABLISHMENT OTHER THAN THOSE USED AS LIVING QUARTERS OAR 830-040-0020(6); OAR 830-040-0010(1)
(areas) _____

REFRIGERATION:

Remains Present: _____ ID Tag Attached to Remains: _____ OAR 830-030-0000(4)(a) & (b)

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

Sanitary? Y / N _____

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

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

_____ Thermometer working properly? _____ Location: _____
OAR 830-030-0010(1); OAR 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(12)**; Person managing is not the assigned manager on the Board's records = **OAR 830-040-0000(6)**; Change of principal without notification or approval = **ORS 692.148(1)**; Definition of Principal = **OAR 830-011-0000(40)**

_____ Licensee cooperated with the inspection: **Y / N** _____

_____ **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 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(3)**
- _____ 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(11)**

OPERATORS / SEXTONS: _____

CREMATORY AUTHORITY PROCEDURES / DUTIES of SEXTON:

OAR 830-030-0000(4) It is 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, or is attached to the remains if there is no receptacle. **OAR 830-030-0000(6)** It is 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 must sign the final disposition permit verifying this fact prior to accepting the remains. The Cemetery Authority or Crematory Authority may not 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(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 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(4)(a)**

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): **OAR 830-030-0030(2) & (3)**

- _____ Name of deceased
- _____ 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(2)

_____ **ID TAG ACCOMPANIES REMAINS THROUGH ALTERNATIVE DISPOSITION PROCESS**

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

_____ **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(41)
_____ ID Tag follows cremated remains through process: OAR 830-030-0000(5)

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

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

_____ **RETORT(s) Swept Clean? Vacuum (Optional)** _____ OAR 830-030-0050(1)

_____ **ID TAG ATTACHED to CREMATED REMAINS / IN CONTAINER AFTER CREMATION** OAR 830-030-0050(3)

INFORMATION REQUIRED TO BE AFFIXED TO RECEPACLE:

NAME _____ **DOD** _____ **ID#** _____ **FUNERAL HOME** _____ **CREMATORY NAME** _____
OAR 830-030-0050(5)

RECEIPT FOR CREMATED REMAINS:

_____ **IS A COPY OF THE RECEIPT FOR CREMATED REMAINS RETAINED THAT INCLUDES THE FOLLOWING:** OAR 830-040-0000(9)

- _____ 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:

OAR 830-040-0000(7) All licensees and licensed facilities must 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 must 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 must 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 Cremated ORS 97.720(1) _____ Date of Death (b) _____
Name of the Person arranging for delivery of goods (c) _____
Written Authorization: _____ 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)

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) _____
Written Authorization: _____ 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)

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) _____
Written Authorization: _____ 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)

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) _____
Written Authorization: _____ 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)

COMMENTS / FOLLOW UP / QUESTIONS ASKED THAT NEED RESEARCH:

