FUNERAL ESTABLISHMENT INSPECTION CHECKLIST
OREGON MORTUARY AND CEMETERY BOARD
800 NE OREGON STREET, SUITE 430 PORTLAND, OREGON 97232
(971) 673-1500 #FE-

FACILITY NAME: ____________________________

(Co-located facilities) ____________________________

PHYSICAL ADDRESS: __________________________________________ TELE. NO. ____________________________

MAILING ADDRESS: __________________________________________

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

MANAGER: ____________________________

DATE: ______________ TIME: _______ / _______ am / pm INSPECTOR(s): ____________________________

LICENSE / RECORDS:

_____ Establishment and Apprentice licenses posted conspicuously for public viewing: OAR 830-040-0000(13)

(Individual licenses do not need to be posted, but available upon request)

_____ Is the ownership entity / assumed business name active with Secretary of State? ORS 692.025; ORS 692.146; ORS 692.148; ORS 692.180; ORS 692.260; ORS 692.990; OAR 830-040-0030

_____ Does the facility sell Trust Funded Pre-arrangements?

_____ If “Yes” is the facility registered with DCBS as a Certified Provider? (if expired, refer to DCBS for follow-up) ORS 97.933

_____ 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)

APPRENTICE LOGS:

830-011-0020(2)(a), (A – F)

Embalmers: (A)__________ (B)__________ (C)__________ (D)__________ (E)__________ (F)__________

Name of deceased Date of Death Date /Place embalming Facility Supervisor Confirm Hrs per Week

830-011-0020(3) (a - b), (c) (A - G)

FSP: (A)__________ (B)__________ (C)__________ (D)__________ (E)__________ (F)__________ (G)__________

Name of deceased/ Authorizing Agent Date of Death Date /Place Arrangements Made Description of Participation with family Days/Hours Worked Supervisor Confirm Facility in Charge of Final Disposition

REFRIGERATION:

On-site? ______ Y / N If not, location __________________________ w/in 45 miles? ______ Y / N __________________ ORS 692.025(3)(d); OAR 830-040-0020(6)

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

Sanitary? ______ Y / N __________________________________________ OAR 830-040-0020(6); OAR 830-040-0010(1)

Good Operating Condition? __________ 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

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**PREP ROOM**: -or- **HOLDING ROOM**: (Circle One) PR or HR required - ORS 692.025(3)(c)

**Sign(s):** “Private” _______ OR “Authorized Entry Only” ___________________________ OAR 830-040-0020(2)(c)

**Door Locked at all times?**  Y / N __________________________________________ OAR 830-040-0020(2)(c)

**Maintained in a Sanitary Condition?**  Y / N ____________________________________ OAR 830-040-0020(5);  OAR 830-040-0010(1)

**Most recent embalming date/time:**________________________________________________________

- **Impervious: Walls, Ceiling, Furnishings, Embalming Table** ___________________________ OAR 830-040-0020(2)(a)
- **Floor impervious** ___________________________________________________________________ OAR 830-040-0020(2)(a)
- **Ventilation working** __________________________________________________________________ OAR 830-040-0020(2)(b)
- **Are windows / exterior doors screened or permanently closed and installed in such a way that the room shall be obstructed from outside view and fumes and odors are prevented from entering other parts of the building?** _____________________________________________ OAR 830-040-0020(2)(d)
- **Instruments: Clean, no stains** ____________________________________________________ OAR 830-040-0020(4)
- **Facility has Sheets/Body Bags** ____________________________________________________ OAR 830-030-0010(1)
- **Running Water/Sewage Connection** _________________________________________________ OAR 830-040-0020(3)(b)
- **Eye Wash Station** __________________________________________________________________ OAR 830-040-0020(3)(d)
- **Embalming Table** __________________________________________________________________ OAR 830-040-0020(3)(a)
- **Covered Waste Can** __________________________________________________________________ OAR 830-040-0020(3)(b)
- **First Aid Kit** _____________________________________________________________________ OAR 830-040-0020(3)(c)
- **Disinfectants/Antiseptics** ___________________________________________________ OAR 830-040-0020(3)(b)

**HUMAN REMAINS PRESENT:**

**Location:** __________________________________________________________________________

**Remains held longer than TEN (10) days?**  Y / N  **Board NOTIFIED?**  Y / N ________ OAR 830-030-0010(4)

- **Are unembalmed bodies refrigerated?**  Y / N  **If not, why not?**  (Held less than 24 hrs / body out of refrigeration for six hours or less.) ______________________________________________ OAR 830-030-0010(1)

- **Are remains properly identified?**  Y / N  (ID Tag attached to the top of the head end of the casket/alt. container/receptacle or remains.) ORS 692.405 and/or OAR 830-030-0000(4)

- **Are Cremated Remains properly identified?**  Y / N  (ID Tag with cremated remains.) ORS 692.405

  **Crematory is responsible for labeling receptacles:**  OAR 830-030-0050(5)

  - **Name** ___________  **DOD** ___________  **ID Tag #** ___________  **Funeral Estab.** ___________  **Crematory** ___________

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

______ Is the manager a licensed FSP? __________________________________________ OAR 830-030-0000(12); ORS 692.025(3)(b)

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); ORS 692.148(1); Change of principal without notification or approval = ORS 692.148(1); Definition of Principal = OAR 830-011-0000(40); Person managing other FE or IM, and does not have Board approval to manage non-co-located facilities OAR 830-030-0000(13).

______ 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)

BLANK FORMS:

EMBALMING AUTHORIZATION:  OAR 830-040-0000(7)(g)

Written _____ Oral _____ Name of Authorized Agent ______________________________

Written _____ Oral _____ Relationship to decedent _____________________________

Written _____ Oral _____ Date Contacted _____________________________________

Written _____ Oral _____ Time Contacted _____________________________________

Written _____ Oral _____ Phone number of person contacted ____________________

Written _____ Oral _____ Licensee _____________________________________________

INTERMENT AUTHORIZATION:  OAR 830-040-0000(7)(g)

_____ Printed name of Authorizing Agent _____ Signature of Authorizing Agent

_____ Phone number of Authorizing Agent _____ Relationship to Decedent

_____ Printed Name of Licensee _____ Signature of Licensee

_____ Date _____ Time

CREMATION AUTHORIZATION:  OAR 830-040-0000(7)(g)

_____ The name of the person with the right to control disposition: _________________________

_____ Relationship to the deceased: ________________________________

_____ Date contacted: __________________________________________

_____ Time contacted: _________________________________________

_____ Phone number: ________________________________

_____ Name of the licensee or FE Rep acquiring the authorization: ____________________________

_____ Statement of disposition of cremains

RECEIPT FOR CREMAINS:  OAR 830-040-0000(9)

_____ Name of Decedent

_____ Name of person receiving remains

_____ Date Received / Delivered

_____ Signature of person receiving remains

_____ Printed name of FSP or FE Representative

_____ Signature of FSP or FE Representative
CASKET SELECTION ROOM:

Prices of displayed Caskets should conform to the Casket Price List.  Y / N
(Price cards may be used but only in addition to a CPL): FTC Business Guide

16 CFR 453.2(a)(b); Misrep: OAR 830-030-0100(1); OAR 830-050-0050(4); ORS 692.180(1)(a)

GENERAL PRICE LIST:

Is there an available supply of GPL’s?  Y / N  Where?
Consumer must be given a copy of the GPL to keep at the beginning of discussing arrangements. A binder can be used, but only in conjunction with the GPL, FTC Business Guide; 16 CFR 453.2(b)(4)(i)(A)

Has the funeral establishment kept a copy of the GPL, CPL, OBCPL and SFGSS for one year after the date of their last distribution to customers?

16 CFR 453.6

The caption: General Price List
16 CFR 453.2(b)(4)(i)(C)(2)

The effective date of the price list. Date: ______________________________
16 CFR 453.2(b)(4)(i)(C)(3)
(Verified effective date is accurate.)

The name of the establishment
16 CFR 453.2(b)(4)(i)(C)(1)

The address of the establishment
16 CFR 453.2(b)(4)(i)(C)(1)

The telephone number of the place of business
16 CFR 453.2(b)(4)(i)(C)(1)

REQUIRED DISCLOSURES:

Right of Selection Disclosure:
16 CFR 453.4(b)(2)(i)(A)

“The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected. “

Embalming Disclosure:
16 CFR 453.3(a)(2)(ii)

“Forfeit in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.”

Alternative Container Disclosure:
16 CFR 453.3(b)(2)

“If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers).”

Basic Services Fee Disclosure:
16 CFR 453.2(b)(4)(iii)(C)(1)

“This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains.)”
Casket Price List Disclosure: (w/Casket range on the GPL)  
“A complete price list will be provided at the funeral home.”  
16 CFR 453.2(b)(4)(iii)(A)(1)

Outer Burial Container Price List: (w/OB range on the GPL)  
“A complete price list will be provided at the funeral home.”  
16 CFR 453.2(b)(4)(iii)(B)(1)

THE FOLLOWING ITEMS ARE REQUIRED TO BE INCLUDED IN THE GPL, IF OFFERED:

Basic Services of Funeral Director and Staff, and overhead  
16 CFR 453.2(b)(4)(iii)(C)(1)

Transfer of remains to funeral establishment  
16 CFR 453.2(b)(4)(ii)(E)

Additional Mileage price listed  
16 CFR 453.2(b)(4)(ii)(A)

Forwarding of remains to another funeral establishment WITH  
Description of gds. and services offered for forwarding remains  
16 CFR 453.2(b)(4)(ii)(A)

Receiving remains from another funeral establishment WITH  
Description of goods and services offered for receiving remains  
16 CFR 453.2(b)(4)(ii)(B)

Embalming  
16 CFR 453.2(b)(4)(ii)(F)

Other preparation of the body  
16 CFR 453.2(b)(4)(ii)(G)

Use of facility and Staff for viewing  
16 CFR 453.2(b)(4)(ii)(H)

Use of facility and staff for funeral ceremony  
16 CFR 453.2(b)(4)(ii)(I)

Use of facility and staff for memorial service  
16 CFR 453.2(b)(4)(ii)(J)

Use of equipment and staff for graveside service  
16 CFR 453.2(b)(4)(ii)(K)

Hearse  
16 CFR 453.2(b)(4)(ii)(L)

Limousine  
16 CFR 453.2(b)(4)(ii)(M)

Casket Price List (all caskets offered)  
16 CFR 453.2(b)(4)(ii)(A)(2)

Casket Price Range  
16 CFR 453.2(b)(4)(ii)(A)(1)

Outer Burial Container Price List (all containers offered)  
16 CFR 453.2(b)(4)(ii)(B)(2)

Outer Burial Container Price Range  
16 CFR 453.2(b)(4)(ii)(B)(1)

Refrigeration charges begin to accrue after 24 hours  
OAR 830-030-0010(1)

Crematory Retort Fee  
16 CFR 453.2(b)(4)(ii)(A); 16 CFR 453.2(b)(5)(I)

Package prices less than or equal to itemized price  
OAR 830-030-0100; ORS 692.180(1)(a)(b)

Travel Plan Offered (Must be Trusted if sold with funeral arrangements)  
DCBS Referral

Other:

DIRECT CREMATION:

Does GPL state a price range for all of the direct cremations offered by the provider?  
Together with the following:  
16 CFR 453.2(b)(4)(ii)(C)

One price - consumer provides the casket or container  
16 CFR 453.2(b)(4)(ii)(C)(1)

One price for DC with minimum alternative container or casket  
16 CFR 453.2(b)(4)(ii)(C)(2)

One price for DC with selected alternative container or casket  
16 CFR 453.2(b)(4)(ii)(C)(2)

Description of services / container (where applicable) included in each price  
16 CFR 453.2(b)(4)(ii)(C)(3)

IMMEDIATE BURIAL:

Does GPL state a price range for all of the immediate burials offered by the provider?  
Together with the following:  
16 CFR 453.2(b)(4)(ii)(D)

One price where the consumer provides the casket  
16 CFR 453.2(b)(4)(ii)(D)(1)

One price for IB with minimum alternative container or casket  
16 CFR 453.2(b)(4)(ii)(D)(2)

One price for IB with selected alternative container or casket  
16 CFR 453.2(b)(4)(ii)(D)(2)

A description of the services and that container included in each price  
16 CFR 453.2(b)(4)(ii)(D)(3)
**PROHIBITED FEES:**

- Embalming required for public viewing (policy)?
  - [ ]
  - OAR 830-030-0080(1); 16 CFR 453.3(a)(1)(i); 16 CFR 453.3(d)(1)(2)

- Does the GPL contain any prohibited non-declinable fees, including any which should be included in the basic services fee?
  - [ ]
  - 16 CFR 453.2(b)(4)(iii)(C) and (iv)

**CASKET PRICE LIST:**

- Is the list clearly marked with "Casket Price List"?
  - [ ]
  - 16 CFR 453.2(b)(2)(i)

- Is the list clearly marked with the funeral establishment’s name?
  - [ ]
  - 16 CFR 453.2(b)(2)(ii)

- Is the effective date for the list indicated? Date:__________
  - [ ]
  - 16 CFR 453.2(b)(2)(i)

- Is a price listed for each casket, including alternative containers?
  - [ ]
  - 16 CFR 453.2(b)(2)(i); 16 CFR 453.2(a)

**OUTER BURIAL CONTAINER PRICE LIST:**

- Is the list clearly marked as "Outer Burial Container Price List"?
  - [ ]
  - 16 CFR 453.2(b)(3)(i)

- Is the list clearly marked with the funeral establishment’s name?
  - [ ]
  - 16 CFR 453.2(b)(3)(ii)

- Is the effective date for the list indicated? Date:____________________________
  - [ ]
  - 16 CFR 453.2(b)(3)(i)

- Does the list contain a price for each container (ex. Spec. Order)
  - [ ]
  - 16 CFR 453.2(b)(3)(i)

- Outer Burial Container Disclosure: [This disclosure can be included in the GPL if the outer burial containers are included as part of the GPL]
  - [ ]
  - 16 CFR 453.3(c)(2)

  "In most areas of the country, state or local law does not require that you buy a container to surround the casket in the grave. However, many cemeteries require that you have such a container so that the grave will not sink in. Either a grave liner or a burial vault will satisfy these requirements."

**STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED:**

- Legal Requirement Disclosure:
  - [ ]
  - 16 CFR 453.4(b)(2)(i)(B)

  "Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below."

- Embalming Disclosure:
  - [ ]
  - 16 CFR 453.5(b)

  "If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below."
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New Facility _____  Change of Owner _____  Change of Location _____  Random _____  Scheduled _____  Other ______

Y   /   N  _____

Are the reasons for embalming proper?

Y   /   N  _____

Embalming must be selected / requested and therefore, "Requested," or "Expressly requested by the family" is a proper reason. "Authorized," "permission given," "visitaton," "ship-out," "mausoleum" or "funeral with viewing" are not proper reasons. Although embalming is not required in Oregon for a funeral with viewing, or for transportation, as human remains may be removed from refrigeration for six hours; and although embalming is not required by Oregon law for entombment, embalming could be "requested" by the family for a service with viewing or for transportation or for entombment in a particular cemetery that requires it -- and this reason would be proper. The SFGSS should state the reason for embalming, such as: "family requests embalming for mausoleum requirements;" or "family expressly requests embalming for shipping," etc.

Y   /   N  _____

Do Prearrangement contracts contain the physical location of the facility?  OAR 830-040-0005(2)

Y   /   N  _____

Do Prearrangement or Preconstruction Contracts include not less than 5 days in which to cancel?  OAR 830-030-0100(7)

Y   /   N  _____

Cash Advance Disclosure: Does funeral establishment make a charge upon, or receive and retain a rebate, commission or trade or volume discount upon a cash advance item? Commonly marked up cash advance items might be flowers or newspaper obituaries?  If yes, then the SFGSS must have this FTC DISCLOSURE:  16 CFR 453.3(f)(2)

"We charge you for our services in obtaining:" (the FSP must specify cash advance items – such as ...... cemetery goods or services, flowers...... etc.)

Y   /   N  _____

Do At-Need Contracts have the physical location of the facility?  OAR 830-040-0005(2)

Y   /   N  _____

Licensing Disclosure: Do Contracts (At-Need, Prearrangement Or Preconstruction) have printed in a minimum 10 point print on each contact, the following disclosure:  OAR 830-040-0005(1)

"THIS FACILITY IS LICENSED AND REGULATED BY THE OREGON MORTUARY AND CEMETERY BOARD"

Immediately followed by the Board’s area code and phone number, (971) 673-1500.

MISCELLANEOUS:

Y   /   N  _____

Does the funeral establishment have Cemetery Records?  Y   /   N  _____

List Cemetery used by facility: ____________________________________________________________

PERMANENT RECORDS:

Required per Statute or Rule:
ORS 692.320(2)  Records required to comply with ORS 692; ORS 432; and with rules adopted
OAR 830-040-0000(8)  signed statement specifying action taken regarding delivery of cremated remains
OAR 830-040-0000(9)  signed cremated remains Receipt
OAR 830-040-0000(7)(a),(b),(c),(d),(e),(f) & (g)  Copies of all transactions performed for the care, preparation and final disposition of human remains; record to include, at a minimum, the following: (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.

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1. NAME (7)(a) ID Tag (7)(a) DOD (7)(b)

Authorizing Agent / Person authorizing final disposition (7)(c)

Location of Remains: (7)(d)

Remains kept longer than ten days? ________________ Reported to Board? Y / N OAR 830-030-0010(4)

EMBALMED: Y / N Name of EMBALMER? (7)(f) __________________________________________ Facility:

Oral permission? Y / N Written Permission/Confirmation of Oral? Y / N OAR 830-030-0010(3)

Written Oral Name of Authorized Agent
Written Oral Relationship to decedent
Written Oral Date Contacted
Written Oral Time Contacted
Written Oral Phone number of person contacted
Written Oral Licensee

Is the REASON for Embalming proper on the SFGSS? (FTC Guide, page 28)

16 CFR 453.3(d)(1)(2); 16 CFR 453.5; OAR 830-030-0080(1); OAR 830-030-0010(2); Misrep: OAR 830-030-0100(1)

INTERMENT AUTHORIZATION: (7)(g)

_____ Printed name of Authorizing Agent _____ Signature of Authorizing Agent
_____ Printed Name of Licensee or Representative _____ Signature of Licensee or Representative
_____ Phone Number of the Authorizing Agent _____ Relationship
_____ Date _____ Time

CREMATED: Y / N WRITTEN CREMATION AUTHORIZATION (7)(g): Y / N __________________________

Crematory Name

The name of the person with the right to control disposition: __________________________
Relationship to the deceased: __________________________
Date contacted: __________________________
Time contacted: __________________________
Phone number: __________________________
Name of the licensee or FE Rep acquiring the authorization: __________________________

SIGNED STATEMENT of DISPOSITION OF CREMAINS (8):

Y / N Did the authorized person receive remains OAR 830-040-0000(7); ORS 97.150(1); OAR 830-030-0090(1)(b)

Did the decedent make own arrangements, or designate an authorized agent prior to his/her death? If so, were the arrangements carried out as requested? __________________________
ORS 97.130; OAR 830-030-0090(1)(b)

RECEIPT FOR CREMAINS (9): Y / N

____________________ Name of Decendent __________________ Name of person receiving remains
____________________ Date Received / Delivered __________________ Signature of person receiving remains
____________________ Printed name of FSP or FE Representative __________________ Signature of FSP or FE Representative

IF CREMATED REMAINS ARE SCATTERED by FE, IS THE ID TAG IN THE FILE? Y / N OAR 830-030-0000(10)

Y / N SFGSS COSTS GENERALLY CONSISTENT WITH GPL: 16 CFR 453.8; 16 CFR 453.2(a); Misrepresentation:
ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4); OAR 830-050-0000(1)

Y / N FE is marking up CASH ADVANCES without notifying consumer? ________________ 16 CFR 435.3(f)(1)

Y / N Are UNLICENSED PERSONS engaging in at need arrangements? __________________

OAR 830-030-0004(1) (a) & (b)
2. NAME ___________ ID Tag ___________ DOD ___________

Authorization Agent / Person authorizing final disposition ___________

Location of Remains: ___________

Remains kept longer than ten days? ___________ Reported to Board? Y / N OAR 830-030-0010(4)

EMBALMED: Y / N Name of EMBALMER? ___________ Facility: ___________

Oral permission? Y / N Written Permission/Confirmation of Oral? Y / N OAR 830-030-0010(3)

Written ___ Oral ___ Name of Authorized Agent ___________

Written ___ Oral ___ Relationship to decedent ___________

Written ___ Oral ___ Date Contacted ___________

Written ___ Oral ___ Time Contacted ___________

Written ___ Oral ___ Phone number of person contacted ___________

Written ___ Oral ___ Licensee ___________

____ Is the REASON for Embalming proper on the SFGSS? (FTC Guide, page 28)

____ Printed name of Authorizing Agent

____ Printed Name of Licensee or Representative

____ Phone Number of the Authorizing Agent

____ Date

CREMATED: Y / N WRITTEN CREMATION AUTHORIZATION (7)(g): Y / N ___________

Crematory Name ___________

____ The name of the person with the right to control disposition: ___________

____ Relationship to the deceased: ___________

____ Date contacted: ___________

____ Time contacted: ___________

____ Phone number: ___________

____ Name of the licensee or FE Rep acquiring the authorization: ___________

SIGNED STATEMENT of DISPOSITION OF CREMAINS (8):

Y / N Did the authorized person receive remains OAR 830-040-0000(7); ORS 97.150(1); OAR 830-030-0090(1)(b)

____ Did the decedent make own arrangements, or designate an authorized agent prior to his/her death? If so, were the arrangements carried out as requested? ___________

ORS 97.130; OAR 830-030-0090(1)(b)

RECEIPT FOR CREMAINS (9): Y / N

____ Name of Decedent

____ Date Received / Delivered

____ Printed name of FSP or FE Representative

____ Name of person receiving remains

____ Name of person receiving remains

____ Signature of person receiving remains

____ Signature of person receiving remains

____ Signature of FSP or FE Representative

IF CREMATED REMAINS ARE SCATTERED by FE, IS THE ID TAG IN THE FILE? Y / N OAR 830-030-0000(10)

Y / N SFGSS COSTS GENERALLY CONSISTENT WITH GPL: 16 CFR 453.8; 16 CFR 453.2(a); Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4); OAR 830-050-0000(1)

Y / N FE is marking up CASH ADVANCES without notifying consumer? ___________ 16 CFR 435.3(f)(1)

Y / N Are UNLICENSED PERSONS engaging in at need arrangements? ___________ OAR 830-030-0004(1) (a) & (b)
3. NAME (7)(a) ID Tag (7)(a) DOD (7)(b)

Authorizing Agent / Person authorizing final disposition (7)(c)

Location of Remains: (7)(d)

Remains kept longer than ten days? _______________ Reported to Board? Y / N OAR 830-030-0010(4)

EMBALMED: Y / N Name of EMBALMER? (7)(f) Facility:_________

Oral permission? Y / N Written Permission/Confirmation of Oral? Y / N OAR 830-030-0010(3)

Written _____ Oral _____ Name of Authorized Agent
Written _____ Oral _____ Relationship to decedent
Written _____ Oral _____ Date Contacted
Written _____ Oral _____ Time Contacted
Written _____ Oral _____ Phone number of person contacted
Written _____ Oral _____ Licensee

Is the REASON for Embalming proper on the SFGSS? (FTC Guide, page 28) 16 CFR 453.3(d)(1)(2); 16 CFR 453.5; OAR 830-

INTERMENT AUTHORIZATION: (7)(g)

_____ Printed name of Authorizing Agent _____ Signature of Authorizing Agent
_____ Printed Name of Licensee or Representative _____ Signature of Licensee or Representative
_____ Phone Number of the Authorizing Agent _____ Relationship
_____ Date _____ Time

CREMATED: Y / N WRITTEN CREMATION AUTHORIZATION (7)(g): Y / N ________________

Crematory Name

______ The name of the person with the right to control disposition:________________
______ Relationship to the deceased:______________________________________________
______ Date contacted:___________________________________________________________
______ Time contacted:___________________________________________________________
______ Phone number:___________________________________________________________
______ Name of the licensee or FE Rep acquiring the authorization:________________

SIGNED STATEMENT of DISPOSITION OF CREMAINS (8):

Y / N Did the authorized person receive remains OAR 830-040-0000(7); ORS 97.150(1); OAR 830-030-0090(1)(b)

_____ Did the decedent make own arrangements, or designate an authorized agent prior to his/her death? If so, were the arrangements carried out as requested? ________________ ORS 97.130; OAR 830-030-0090(1)(b)

RECEIPT FOR CREMAINS (9): Y / N

______ Name of Decedent _______ Name of person receiving remains
______ Date Received / Delivered _______ Signature of person receiving remains
______ Printed name of FSP or FE Representative _______ Signature of FSP or FE Representative

IF CREMATED REMAINS ARE SCATTERED by FE, IS THE ID TAG IN THE FILE? Y / N OAR 830-030-0000(10)

Y / N SFGSS COSTS GENERALLY CONSISTENT WITH GPL: 16 CFR 453.8; 16 CFR 453.2(a); Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonesty: ORS 692.180(1)(b); OAR 830-050-0050(4); OAR 830-050-0000(1)

Y / N FE is marking up CASH ADVANCES without notifying consumer? ________________ 16 CFR 435.3(f)(1)

Y / N Are UNLICENSED PERSONS engaging in at need arrangements? __________________ OAR 830-030-0004(1) (a) & (b)
4. NAME (7)(a) ID Tag (7)(a) DOD (7)(b) 

Authorizing Agent / Person authorizing final disposition (7)(c) 

Location of Remains: (7)(d) 

Remains kept longer than ten days? ______________ Reported to Board? Y / N OAR 830-030-0010(4) 

EMBALMED: Y / N Name of EMBALMER? (7)(f) Facility: 

Oral permission? Y / N Written Permission/Confirmation of Oral? Y / N OAR 830-030-0010(3) 

Written ______ Oral ______ Name of Authorized Agent 
Written ______ Oral ______ Relationship to decedent 
Written ______ Oral ______ Date Contacted 
Written ______ Oral ______ Time Contacted 
Written ______ Oral ______ Phone number of person contacted 
Written ______ Oral ______ Licensee 

Is the REASON for Embalming proper on the SFGSS? (FTC Guide, page 28) OAR 830-030-0010(5) 

16 CFR 453.3(d)(1)(2); 16 CFR 453.5; OAR 830-030-0080(1); OAR 830-030-0010(2); Misrep: OAR 830-030-0100(1) 

INTERMENT AUTHORIZATION: (7)(g) 

_____ Printed name of Authorizing Agent _____ Signature of Authorizing Agent 
_____ Printed Name of Licensee or Representative _____ Signature of Licensee or Representative 
_____ Phone Number of the Authorizing Agent _____ Relationship 
_____ Date _____ Time 

CREMATED: Y / N WRITTEN CREMATION AUTHORIZATION (7)(g): Y / N ________________ Crematory Name 

_____ The name of the person with the right to control disposition: 
_____ Relationship to the deceased: 
_____ Date contacted: 
_____ Time contacted: 
_____ Phone number: 
_____ Name of the licensee or FE Rep acquiring the authorization: 

SIGNED STATEMENT of DISPOSITION OF CREMAINS (9): 

Y / N Did the authorized person receive remains OAR 830-040-0000(7); ORS 97.150(1); OAR 830-030-0090(1)(b) 

_____ Did the decedent make own arrangements, or designate an authorized agent prior to his/her death? If so, were the arrangements carried out as requested? ORS 97.130; OAR 830-030-0090(1)(b) 

RECEIPT FOR CREMAINS (9): Y / N 

_____ Name of Decedent _____ Name of person receiving remains 
_____ Date Received / Delivered _____ Signature of person receiving remains 
_____ Printed name of FSP or FE Representative _____ Signature of FSP or FE Representative 

IF CREMATED REMAINS ARE SCATTERED by FE, IS THE ID TAG IN THE FILE? Y / N OAR 830-030-0000(10) 

Y / N SFGSS COSTS GENERALLY CONSISTENT WITH GPL: 16 CFR 453.8; 16 CFR 453.2(a); Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4); OAR 830-050-0000(1) 

Y / N FE is marking up CASH ADVANCES without notifying consumer? ________________ 16 CFR 435.3(f)(1) 

Y / N Are UNLICENSED PERSONS engaging in at need arrangements? OAR 830-030-0004(1) (a) & (b)
**PRENEED:**

Location of Records ____________________________________________ OAR 830-040-0000(14)

1. **NAME:** ________________________________________________ Date of Purchase ________________
   Preneed Salesperson Registered? Y / N (#) ____________________ OAR 830-011-0070(1) & (2) ORS 97.931(1)

2. **NAME:** ________________________________________________ Date of Purchase ________________
   Preneed Salesperson Registered? Y / N (#) ____________________ OAR 830-011-0070(1) & (2) ORS 97.931(1)

3. **NAME:** ________________________________________________ Date of Purchase ________________
   Preneed Salesperson Registered? Y / N (#) ____________________ OAR 830-011-0070(1) & (2) ORS 97.931(1)

4. **NAME:** ________________________________________________ Date of Purchase ________________
   Preneed Salesperson Registered? Y / N (#) ____________________ OAR 830-011-0070(1) & (2) ORS 97.931(1)

**COMMENTS / FOLLOW UP / QUESTIONS ASKED THAT NEED RESEARCH:**

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

OMCB FUNERAL ESTABLISHMENT INSPECTION CHECKLIST  (BB - revised May 2013 Subject to revision without notice)  Page 12 of 12