Site Inspection Check List for:

Morgue and Autopsy - OAR 333-535-0160

PR# ___________ Date: __________ Inspector: ________________________________

Provider: __________________________________________________________________

Project: ___________________________________________________________________

Address: ___________________________________________________________________

Present at Site Inspection: _____________________________________________________________________

Intended Occupancy Date: ___________________________________________________________________

Required PRIOR to Approved Inspection: RECIPIENT?

Certificate of Occupancy (CO) from governing jurisdiction

MEP Close-Out verification (if required)

SITE INSPECTION:

EXTERIOR = 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)