



CREMATORY AUTHORITY (CR) / ALTERNATIVE DISPOSITION FACILITY (AD)
INSPECTION CHECKLIST

OREGON MORTUARY & CEMETERY BOARD (OMCB)
800 NE OREGON STREET, SUITE 430 PORTLAND, OREGON 97232 (971) 673-1500

Facility Name: _____ License #: _____

Physical Address: _____ Phone #: _____

Mailing Address: _____

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

Facility Manager: _____ License #: _____

I. PRE-INSPECTION

Inspector Name: _____

Date last inspection was completed: _____

- 1. **Y / N Facility's true corporate, firm or individual name and assumed business name is active with the Secretary of State Corporation Division.** OAR 830-040-0030
If not, reason why: _____
- 2. **Y / N There have been changes in principals and OMCB has been properly notified and has issued a new license.** ORS 692.148(1); OAR 830-011-0000(41); OAR 830-020-0040(1)(c)
If not, reason why: _____
- 3. **Y / N Facility is advertising online and includes its registered name and physical address.** OAR 830-040-0050(1)

II. ON-SITE FACILITY INSPECTION

Date: _____ Time: _____

- 1. **Y / N Facility license is posted conspicuously for public viewing.** OAR 830-040-0000(13)

CREMATORY AUTHORITY/ALTERNATIVE DISPOSITION FACILITY CONDITION:

- 2. **Y / N Facility is maintained in a sanitary condition.** OAR 830-040-0010(1)
If not, provide specifics: _____

3. **Y / N** Are there any human remains on premises for which cremation & processing did not occurred within 48 hours?

If yes, provide exigent circumstances: _____
OAR 830-040-0000(11)

Date Board was notified: _____ Date FSP was notified: _____

LICENSING ISSUES:

4. **Y / N** Are there any outstanding licensing issues?

If so, provide specifics: _____

RECORD OF ALL REMAINS CREMATED:

ORS 97.720(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. **Y / N** Is there a record of all remains cremated on the premises that includes all required information?

FINAL DISPOSITION PERMIT/AUTHORIZATION:

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.

1. **Y / N** Does the Crematory Authority sign the Final Disposition Permit/Authorization prior to accepting human remains?

REFRIGERATION UNIT:

1. **Y / N** Facility has refrigeration unit on-site. ORS 692.025(4)(d); OAR 830-040-0020(6)

If not, provide refrigeration unit location: _____
Must be no more than 45 miles from the licensed facility and must comply with all death care laws. OAR 830-040-0020(6)

2. **Y / N** Are there human remains present in the refrigeration unit?

Y / N If so, is/are identifying metal discs attached? OAR 830-030-0000(4)(a)

3. **Y / N** Is the refrigeration unit in good operating condition and maintained in a sanitary condition?
OAR 830-040-0010(1); OAR 830-040-0020(6)

If not, provide specifics: _____

4. **Facility Thermometer Reading at Arrival:** _____ **Departure:** _____

OMCB Thermometer Reading at Arrival: _____ **Departure:** _____

UNEMBALMED HUMAN REMAINS AT FACILITY:

1. **Y / N** Are there unembalmed human remains present at the facility?

Y / N If so, is/are identifying metal discs attached? OAR 830-030-0000(4)(a)

Y / N Are the unembalmed human remains wrapped in a sheet? OAR 830-030-0010(1)

HUMAN REMAINS THAT CANNOT BE CREMATED IMMEDIATELY:

Y / N If human remains cannot be cremated immediately, are they placed in a room marked as "Private" or "Authorized Entry Only"? OAR 830-030-0040(3)

IDENTIFYING METAL DISC:

Y / N Does the Crematory Authority ensure the identifying metal disc accompanies human remains through the cremation process? OAR 830-030-0000(5)

PROCESSING CREMATED REMAINS: OAR 830-030-0050(1)

In order to protect the public's interests and to prevent any misrepresentation in the conduct of doing business, the crematory authority must process cremated remains in the following manner:

(1) Upon completion of the cremation, insofar as is possible, all residual of the cremation process must be removed from the cremation chamber and the chamber swept clean. The residual must be placed within a container or tray that will prevent commingling with other cremated remains and the identification removed from the cremation chamber and attached to the container or tray to await final processing;

(2) All residual of the cremation process must undergo final processing;

(3) The entire processed cremated remains must be placed in a cremated remains container. The identifying metal disc must be placed on or in the container. The cremated remains must not contain any other object unrelated to the cremation process unless specific authorization has been received from the authorizing agent;

(4) If the entire processed cremated remains will not fit within the dimensions of the cremated remains container, the remainder must be returned either in a separate container, or, upon written permission of the authorizing agent, be disposed of according to the established procedures of the Crematory Authority.

1. **Y / N** Upon completion of the cremation, is all residual of the cremation process removed from the cremation chamber and the chamber swept clean? OAR 830-030-0050(1)

2. **Y / N** Is the residual placed within a container or tray that will prevent commingling with other cremated remains and the identification removed from the cremation chamber and attached to the container or tray to await final processing? OAR 830-030-0050(1)

3. **Y / N** Does all residual of the cremation process undergo final processing? OAR 830-011-0000(42); OAR 830-030-0050(2)

4. **Y / N** Is/are the identifying metal disc(s) placed on or in the cremated remains container(s)? ORS 692.405; OAR 830-030-0050(3)

If not, provide specifics: _____

5. **Y / N** Does all residual of the cremation process undergo final processing? OAR 830-011-0000(41)

6. **Y / N** If the entire processed cremated remains will not fit within the dimensions of the cremated remains container, is the remainder returned either in a separate container, or, upon written permission of the authorizing agent, be disposed of according to the established procedures of the facility? OAR 830-030-0050(4)

PERMANENT RECORDS REVIEW

***Crematory and Alternative Disposition Facility Permanent Records Must Include the Following:**

OAR 830-030-0030(2) Documents identifying the human remains placed in the custody of a Crematory Authority prior to cremation must contain the following information:

- (a) Name of deceased;
- (b) Date of death;
- (c) Place of death;
- (d) Name and relationship of authorizing agent; and
- (e) Name of authorizing agent or firm engaging crematory services.

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.

1. **Decedent Name:** _____ **State ID Tag #:** _____
OAR 830-030-0030(2); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____
OAR 830-030-0030(2); OAR 830-040-0000(7)(b)

Place of Death: _____
OAR 830-030-0030(2)

Name & relationship of authorizing agent: _____
OAR 830-030-0030(2)

Name of authorizing agent/firm engaging crematory services: _____
OAR 830-030-0030(2)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition: _____
OAR 830-040-0000(7)(d)

Name of crematory or alternative disposition facility personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

***Cremation Authorizations Must Include the Following:**

OAR 830-040-0000(7)(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 97.150(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.

OAR 830-040-0000(8) In the case of cremation, the licensee responsible for making the cremation arrangements must require the authorizing agent making the cremation arrangements to provide the licensee with a signed statement specifying the action to be taken regarding delivery of the cremated remains. A copy of this statement must be retained in the permanent records of the responsible licensee.

Are the following included on the Cremation Authorization?

- 1. **Y / N Printed name of the authorizing agent**
- 2. **Y / N Signature of the authorizing agent**
- 3. **Y / N Phone number of the authorizing agent**
- 4. **Y / N Relationship to the deceased**

5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**
8. **Y / N Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

***Information Required to be Affixed to the Temporary/Permanent Receptacle for Cremated Remains Must Include the Following:** OAR 830-030-0050(5)

The following information will be affixed to the temporary receptacle or attached to the permanent receptacle for cremated remains: deceased name, date of death, identifying metal disc number, name of funeral home, and name of crematory.

Is the following information affixed to the temporary/permanent receptacle(s) for cremated remains?

1. **Y / N Deceased name**
2. **Y / N Date of death**
3. **Y / N Identifying metal disc number**
4. **Y / N Name of funeral home**
5. **Y / N Name of crematory**

If not, provide specifics: _____

***Receipt for Cremated Remains Must Include the Following:** OAR 830-040-0000(9)

If cremated remains are not retained by the licensee accepting initial responsibility for the remains, the licensee must, upon delivery of such cremated remains to another individual, obtain a signed receipt from that individual. The receipt must include as a minimum: printed name of the individual receiving the cremated remains, the name of the deceased, and the date of delivery of the cremated remains, the receiving individual's signature and the printed name and signature of the licensee or the licensee's representative releasing the cremated remains.

If cremated remains were released, are the following included on the Receipt for Cremated Remains?

1. **Y / N Printed name of the individual receiving the cremated remains**
2. **Y / N Name of the deceased**
3. **Y / N Date of delivery of the cremated remains**
4. **Y / N Receiving individual's signature**
5. **Y / N Printed name of licensee/licensee's representative releasing the cremated remains**
6. **Y / N Signature of the licensee/licensee's representative releasing the cremated remains**

If not, provide specifics: _____

2. **Decedent Name:** _____ **State ID Tag #:** _____
 OAR 830-030-0030(2); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____
 OAR 830-030-0030(2); OAR 830-040-0000(7)(b)

Place of Death: _____
OAR 830-030-0030(2)

Name & relationship of authorizing agent: _____
OAR 830-030-0030(2)

Name of authorizing agent/firm engaging crematory services: _____
OAR 830-030-0030(2)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition: _____
OAR 830-040-0000(7)(d)

Name of crematory or alternative disposition facility personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

***Cremation Authorizations Must Include the Following:**

OAR 830-040-0000(7)(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 97.150(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the **authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.**

OAR 830-040-0000(8) **In the case of cremation, the licensee responsible for making the cremation arrangements must require the authorizing agent making the cremation arrangements to provide the licensee with a signed statement specifying the action to be taken regarding delivery of the cremated remains. A copy of this statement must be retained in the permanent records of the responsible licensee.**

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2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**
8. **Y / N Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

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Is the following information affixed to the temporary/permanent receptacle(s) for cremated remains?

1. **Y / N Deceased name**
2. **Y / N Date of death**
3. **Y / N Identifying metal disc number**
4. **Y / N Name of funeral home**
5. **Y / N Name of crematory**

If not, provide specifics: _____

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If cremated remains were released, are the following included on the Receipt for Cremated Remains?

1. **Y / N Printed name of the individual receiving the cremated remains**
2. **Y / N Name of the deceased**
3. **Y / N Date of delivery of the cremated remains**
4. **Y / N Receiving individual's signature**
5. **Y / N Printed name of licensee/licensee's representative releasing the cremated remains**
6. **Y / N Signature of the licensee/licensee's representative releasing the cremated remains**

If not, provide specifics: _____

3. **Decedent Name:** _____ **State ID Tag #:** _____
OAR 830-030-0030(2); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____
OAR 830-030-0030(2); OAR 830-040-0000(7)(b)

Place of Death: _____
OAR 830-030-0030(2)

Name & relationship of authorizing agent: _____
OAR 830-030-0030(2)

Name of authorizing agent/firm engaging crematory services: _____
OAR 830-030-0030(2)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition: _____
OAR 830-040-0000(7)(d)

Name of crematory or alternative disposition facility personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

***Cremation Authorizations Must Include the Following:**

OAR 830-040-0000(7)(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 97.150(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the **authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.**

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2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**
8. **Y / N Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

***Information Required to be Affixed to the Temporary/Permanent Receptacle for Cremated Remains Must Include the Following:** OAR 830-030-0050(5)

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Is the following information affixed to the temporary/permanent receptacle(s) for cremated remains?

1. **Y / N Deceased name**
2. **Y / N Date of death**
3. **Y / N Identifying metal disc number**
4. **Y / N Name of funeral home**

5. **Y / N Name of crematory**

If not, provide specifics: _____

***Receipt for Cremated Remains Must Include the Following:** OAR 830-040-0000(9)

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If cremated remains were released, are the following included on the Receipt for Cremated Remains?

1. **Y / N Printed name of the individual receiving the cremated remains**
2. **Y / N Name of the deceased**
3. **Y / N Date of delivery of the cremated remains**
4. **Y / N Receiving individual's signature**
5. **Y / N Printed name of licensee/licensee's representative releasing the cremated remains**
6. **Y / N Signature of the licensee/licensee's representative releasing the cremated remains**

If not, provide specifics: _____

4. **Decedent Name:** _____ **State ID Tag #:** _____
OAR 830-030-0030(2); OAR 830-040-0000(7)(a) OAR 830-040-0000(7)(a)

Date of Death: _____
OAR 830-030-0030(2); OAR 830-040-0000(7)(b)

Place of Death: _____
OAR 830-030-0030(2)

Name & relationship of authorizing agent: _____
OAR 830-030-0030(2)

Name of authorizing agent/firm engaging crematory services: _____
OAR 830-030-0030(2)

Name of person arranging for delivery of goods and services: _____
OAR 830-040-0000(7)(c)

Name of person authorizing final disposition: _____
OAR 830-040-0000(7)(c)

Place of disposition: _____
OAR 830-040-0000(7)(d)

Name of crematory or alternative disposition facility personnel responsible for making and executing arrangements: OAR 830-040-0000(7)(e)

***Cremation Authorizations Must Include the Following:**

OAR 830-040-0000(7)(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 97.150(1)(a) If the cemetery authority, crematory operator or licensed funeral service practitioner has been authorized to cremate remains of a decedent pursuant to ORS 97.130, the **authorization must also contain further instructions to the cemetery authority, crematory operator or licensed funeral service practitioner as to the final disposition of the cremated remains.**

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Are the following included on the Cremation Authorization?

1. **Y / N Printed name of the authorizing agent**
2. **Y / N Signature of the authorizing agent**
3. **Y / N Phone number of the authorizing agent**
4. **Y / N Relationship to the deceased**
5. **Y / N Date and time permission was obtained**
6. **Y / N Printed name of the licensee or facility representative acquiring the authorization**
7. **Y / N Signature of the licensee or facility representative acquiring the authorization**
8. **Y / N Instruction regarding final disposition of cremated remains**

If not, provide specifics: _____

***Information Required to be Affixed to the Temporary/Permanent Receptacle for Cremated Remains Must Include the Following:** OAR 830-030-0050(5)

The following information will be affixed to the temporary receptacle or attached to the permanent receptacle for cremated remains: deceased name, date of death, identifying metal disc number, name of funeral home, and name of crematory.

Is the following information affixed to the temporary/permanent receptacle(s) for cremated remains?

1. **Y / N Deceased name**
2. **Y / N Date of death**
3. **Y / N Identifying metal disc number**
4. **Y / N Name of funeral home**
5. **Y / N Name of crematory**

If not, provide specifics: _____

***Receipt for Cremated Remains Must Include the Following:** OAR 830-040-0000(9)

If cremated remains are not retained by the licensee accepting initial responsibility for the remains, the licensee must, upon delivery of such cremated remains to another individual, obtain a signed receipt from that individual. **The receipt must include as a minimum: printed name of the individual receiving the cremated remains, the name of the deceased, and the date of delivery of the cremated remains, the receiving individual's signature and the printed name and signature of the licensee or the licensee's representative releasing the cremated remains.**

If cremated remains were released, are the following included on the Receipt for Cremated Remains?

1. **Y / N Printed name of the individual receiving the cremated remains**
2. **Y / N Name of the deceased**
3. **Y / N Date of delivery of the cremated remains**
4. **Y / N Receiving individual's signature**
5. **Y / N Printed name of licensee/licensee's representative releasing the cremated remains**
6. **Y / N Signature of the licensee/licensee's representative releasing the cremated remains**

If not, provide specifics: _____

ALTERNATIVE DISPOSITION FACILITY: (Using alkaline hydrolysis for dissolution) OAR 830-030-0000(3)

1. **Y / N** Does the Alternative Disposition Facility Authority only employ a purpose-built vessel as a dissolution chamber? OAR 830-030-0000(3)(a)
2. **Y / N** If the dissolution system operates above atmospheric pressure, is it only employing an American Society of Mechanical Engineers' (ASME) certified pressure vessel as a dissolution chamber? OAR 830-030-0000(3)(b)
3. **Y / N** Does the dissolution system use parameters of heat, time and solution circulation sufficient to achieve complete dissolution of all tissue remains? OAR 830-030-0000(3)(c)
4. **Y / N** Does the Alternative Disposition Facility Authority ensure that the discharge liquid that is a byproduct of the dissolution process meet the facility's sewage collection and treatment facility requirements regarding acceptable temperature and pH level? OAR 830-030-0000(3)(d)