

CREMATORY INSPECTION CHECKLIST

STATE OF OREGON MORTUARY AND CEMETERY BOARD
PORTLAND STATE OFFICE BUILDING, SUITE 430
800 NE OREGON STREET #19
PORTLAND, OREGON 97232

CREMATORY NAME: _____

PHYSICAL ADDRESS: _____

CITY/COUNTY: _____ PHONE #: _____

MANAGER: _____

OPERATORS/SEXTON: _____

OWNER: _____

LICENSE NO: CR- _____ DATE/TIME: _____

INSPECTOR: _____ DATE OF LAST INSPECTION: _____

PROCESSING AREA:

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

OAR 830-030-0090 (1)(b)

_____ IF RETORT IS A MODEL THAT USES DRIP PANS, LITTLE/NO FLUIDS ARE PRESENT

OAR 830-040-0010 (1); OAR 830-030-0090 (1)(b)

_____ FLOOR IS CLEAN _____

OAR 830-040-0010 (1); OAR 830-030-0090 (1)(b)

_____ PROCESSING AREA IS MAINTAINED IN A SANITARY CONDITION? _____

OAR 830-040-0010 (1); OAR 830-030-0050 (3)

_____ REQUIRED IDENTIFICATION/PAPERWORK PRESENT: ID TAG _____

OAR 830-030-0030 (1)

_____ PERMIT FOR FINAL DISPOSITION _____

OAR 830-030-0030 (2); ORS 432.37

_____ WRITTEN CREMATION AUTHORIZATION _____

_____ NUMBER OF RETORTS _____

RETORT NUMBER 1

_____ YEAR/MAKE/MODEL OF RETORT _____

_____ DATE OF INSTALLATION _____ COMPANY _____

_____ DATE OF LAST SERVICE _____ COMPANY _____

_____ REPAIRS PERFORMED _____

_____ IS THE INTERIOR OF THE RETORT CLEAN? Y/N _____

____ OAR 830-040-0010 (1); OAR 830-0050 (1)

____ CONDITION OF INTERIOR OF RETORT: _____

OAR 830-040-0010 (1)

____ CONDITION OF EXTERIOR OF RETORT: _____

OAR 830-040-0010 (1)

RETORT NUMBER 2

____ YEAR/MAKE/MODEL OF RETORT _____

____ DATE OF INSTALLATION _____ COMPANY _____

____ DATE OF LAST SERVICE _____ COMPANY _____

____ REPAIRS PERFORMED _____

____ IS THE INTERIOR OF THE RETORT CLEAN? Y/N _____

OAR 830-040-0010 (1); OAR 830-0050 (1)

____ CONDITION OF INTERIOR OF RETORT: _____

OAR 830-040-0010 (1)

____ CONDITION OF EXTERIOR OF RETORT: _____

OAR 830-040-0010 (1)

____ DEQ PERMIT: DATE ISSUED _____ CERT NUMBER _____ UPDATE _____

OAR 830-030-0030 (1) (b)

REFRIGERATION:

____ REFRIDERATION: Y / N LOCATION _____

____ TEMPERATURE (OMCB) _____ DEGREES AT _____ AM/PM OAR 830-030-0010 (1)

____ TEMPERATURE (FACILITY) _____ OAR 830-030-0010 (1); OAR 830-030 0010 (1)

____ WORKING THERMOMETER _____

OAR 830-030-0010 (1) ; OAR 830-030-0010

____ CONDITION OF REFRIGERATOR _____

OAR 830-040-0020 (10)

____ NUMBER OF HUMAN REMAINS PRESENT FOR CREMATION _____

____ LOCATION _____ OAR 830-030-0040 (2) (3) ; OAR 830-030-0010 (1)

OAR 830-030-0040 (1)

CREMATION PROCESS: (DESCRIBE)

____ VERIFY IDENTIFICATION/REMOVE D TAG FROM TOP OF CONTAINER & PLACE IN/

HANG ON RETORT _____ OAR 830-030-0040 (5) : OAR 030-0000 (4)

____ VERIFY PAPERWORK: _____ OAR 830-030-0040

____ PERFORM SEXTON _____ OAR 830-030-0000 (3) (4) (5)

____ UPON COMPLETION/SWEEP I NTERIOR OF ALL RESIDUAL _____

OAR 830-030-0050 (1)

____ UNDERGO PROCESSING/PAPERWORK FOLLOWS: _____

____ PLACE ENTIRE CREMATED REMAINS IN CONTAINER WITH DISC _____

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

____ INFORMATION AFFIXED TO RECEPTACLE: NAME _____, DOB _____ ID# _____

FUNERAL NAME _____ CREMATORY NAME _____ OAR 830-030-0050 (5)

____ IF CREMAINS ARE PICKED UP/DELIVERED TO AUTHORIZED AGENT, A RECEIPT FOR CREMAINS IS USED. _____ OAR 830-0040-0000 (8)

DUTIES OF THE SEXTON FOR FINAL DISPOSITION: ARE THESE DUTIES BEING DONE?

____ HUMAN REMAINS (INCLUDING FETAL REMAINS) ARRIVE AT THE CREMATORY ACCOMPANIED BY PERMIT AUTHORIZING FINAL DISPOSITION (YELLOW/GREEN COPIES OF DEATH CERTIFICATE) OAR 030-0030 (1)(2)(3): ORS 432.317 (6)

____ THE SEXTON IS VERIFYING THAT THE IDENTIFYING METAL DISC IS PROPERLY SECURED TO EACH RECEPTACLE CONTAINING HUMAN REMAINS, AND THAT THE NUMBER ON THE DISC IS THE SAME AS THE NUMBER RECORDED ON THE FINAL DISPOSITION PERMIT. THE SEXTON SIGNS THE GREEN/YELLOW COPIES OF THE FINAL DISPOSITION PERMIT AND RECORDS THE DATE OF THE FINAL DISPOSITION. OAR 830-0030-0000 (3)(5) ; ORS 432.317 (7)

____ YELLOW COPIES OF DEATH CERTIFICATE ARE BEING SENT TO THE COUNTY VITAL RECORDS WITHIN 10 DAYS OF DATE OF FINAL DISPOSITION. ORS 432.317 (7)

ADVERTISING

____ ADVERTISING THROUGH ANY MEDIA (INCLUDING BUT NOT LIMITED TO: TELEPHONE, BOOKS, NEWSPAPERS, DIRECT MAIL, BILLBOARDS, ETC.), INCLUDE EITHER THE LICENSED FACILITY'S REGISTERED NAME, OR ITS ASSUMED BUSINESS NAME OR PHYSICAL ADDRESSES. OAR 830-040-0050 (1)

____ ALL PRINTED MATERIALS AND LETTERHEAD SHALL INCLUDE THE PHYSICAL LOCATION OF THE FACILITY OAR 830-040-0050 (1)

____ OTHER BUSINESS DOCUMENTS MAY BE REQUESTED DURING INSPECTION: _____ OAR 830-040-0010 (4)

____ Each licensed facility shall be registered by the Board by its true corporate, firm or individual name. In addition, one assumed business names, as registered with the Corporation Commission may be used by such licensed facility and be promptly reported to the Board. Does the name correspond with our records and the Business Entity Registration Index (BERI)? OAR 830-040-0030 _____

PERMANENT RECORDS: (LOCATION) _____

1. Name _____ OAR 830-030-0030 (2) (a)
ID Tag _____ Sexton duties performed Y / N OAR 830-030-0030 (1)

DOD _____ DOB _____ OAR 830-030-0030 (2) (b)
Place of Death _____ OAR 830-030-0030 (2) (c)
Name of Authorized Agent _____ Relationship _____
OAR 830-030-0030 (2) (d)

Funeral establishment responsible for arrangement _____
OAR 830-030-0030 (2)

Written Cremation Authorization _____
OAR 830-030-0040 (1)

Statement regarding disposition of cremains _____
OAR 830-040-0000 (7) : ORS 971.150

2. Name _____ OAR 830-030-0030 (2) (a)
ID Tag _____ Sexton duties performed Y / N OAR 830-030-0030 (1)
DOD _____ DOB _____ OAR 830-030-0030 (2) (b)
Place of Death _____ OAR 830-030-0030 (2) (c)
Name of Authorized Agent _____ Relationship _____
OAR 830-030-0030 (2) (d)

Funeral establishment responsible for arrangement _____
OAR 830-030-0030 (2)

Written Cremation Authorization _____
OAR 830-030-0040 (1)

Statement regarding disposition of cremains _____
OAR 830-040-0000 (7) : ORS 971.150

3. Name _____ OAR 830-030-0030 (2) (a)
ID Tag _____ Sexton duties performed Y / N OAR 830-030-0030 (1)
DOD _____ DOB _____ OAR 830-030-0030 (2) (b)
Place of Death _____ OAR 830-030-0030 (2) (c)
Name of Authorized Agent _____ Relationship _____
OAR 830-030-0030 (2) (d)

Funeral establishment responsible for arrangement _____
OAR 830-030-0030 (2)

Written Cremation Authorization _____
OAR 830-030-0040 (1)

Statement regarding disposition of cremains _____
OAR 830-040-0000 (7) : ORS 971.150

COMMENTS/FOLLOW UP /QUESTIONS ASKED THAT NEED RESEARCH: