

CEMETERY INSPECTION CHECKLIST

**OREGON MORTUARY AND CEMETERY BOARD
800 NE OREGON STREET, SUITE 430 PORTLAND, OREGON 97232
971/673-1500**

CEMETERY NAME: _____ **LIC #** _____

PHYSICAL ADDRESS: _____ **CITY** _____

RECORDS ADDRESS: _____ **CITY** _____ **OAR 830-040-0000(13)**

MAILING ADDRESS: _____ **CITY** _____ **ZIP** _____

MANAGER: _____ **PHONE #** _____

DATE: _____ **TIME:** _____ / _____ **am / pm** **INSPECTOR(s):** _____

LICENSE POSTED:

_____ **Establishment license posted conspicuously for public viewing:** _____
OAR 830-040-0000(12)

CEMETERY CONDITION:

_____ **CEMETERY IS MAINTAINED IN A SANITARY CONDITION?** _____

Generally: OAR 830-040-0010(1); Oregon Health Laws: OAR 830-030-0090(1)(a)

_____ **ARE ANY HUMAN REMAINS (EXCLUDING CREMATED HUMAN REMAINS) PRESENT ON PREMISES FOR WHICH FINAL DISPOSITION HAS NOT OCCURRED WITHIN 24 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(10)**

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

OPERATORS / SEXTONS: _____

CEMETERY AUTHORITY PROCEDURES / DUTIES of SEXTON:

OAR 830-030-0000(2) Provides it shall be 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. **OAR 830-030-0000(4)** It shall be 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 when remains are delivered to the Cemetery Authority or Crematory Authority and that the number on the identifying metal disc is the number recorded on the final disposition permit. The Cemetery Authority or Crematory Authority shall sign the final disposition permit verifying this fact prior to accepting the remains. At no time shall the Cemetery Authority or Crematory Authority accept remains without the proper identifying metal disc unless death occurred in a state other than Oregon. **OAR 830-030-0000 (5)** If, when the remains are delivered to the crematory or cemetery, no metal disc is attached to the remains as required, or the disc number does not match the permit number as required, the funeral service practitioner or person acting as a funeral service practitioner as that term is defined in ORS Chapter 432.005(11) shall retain responsibility for the proper care and storage of the remains until the correct disc is obtained and ensure it is affixed to the casket, receptacle or remains. If the discrepancy cannot be resolved prior to any scheduled service, the funeral service practitioner or person acting as a funeral service practitioner as that term is defined in ORS Chapter 432.005(11), shall take responsibility for notifying the person with the legal right to control final disposition that the disposition is postponed.

_____ PRIOR TO ACCEPTING REMAINS, CEMETERY AUTHORITY HAS SIGNED THE FINAL DISPOSITION PERMIT VERIFYING THE ID TAG NUMBER ON THE CASKET / RECEPTACLE IS THE NUMBER RECORDED ON THE FINAL DISPOSITION PERMIT. _____ OAR 830-030-0000(4)

_____ Has final disposition permit prior to accepting remains: ORS 432.317(6)
_____ Sexton records the date of final disposition on the permit: ORS 432.317(7)

_____ ID TAG on CASKET PRIOR TO INTERMENT (Oregon Deaths)

_____ Top, head end of the casket or container: _____ OAR 830-030-0000(4) & (5)

MANAGEMENT:

_____ Is the person managing the same person on the license? Y / N (see appropriate rules below)

Facility has no manager = OAR 830-030-0000(8); Person managing is not the assigned manager on the Board's records = OAR 830-040-0000(5); ORS 692.148(1); Change of principal without notification or approval = ORS 692.148(1); Definition of Principal = OAR 830-011-0000(34);

_____ Licensee cooperated with the inspection: Y / N _____

_____ OAR 830-040-0010(2), (4) & (5); false or misleading information to Inspector = OAR 830-040-0010(3)

CEMETERY MAPS:

_____ DESCRIPTIVE MAP IS AVAILABLE: _____ Graves - ORS 97.310 (1)(a) / Niches and Crypts (1)(b)

_____ GRAVES ARE MARKED AND/OR ARE ABLE TO BE COMPARED WITH A MAP OR RECORDS TO ESTABLISH THE LOCATION OF A DECEDENT. Y / N _____ ORS 97.720

ENDOWMENT CARE CEMETERY:

_____ THE CEMETERY IS AN ENDOWMENT CARE CEMETERY? Y / N _____ ORS 97.810 - ORS 97.865
IF YES, ENDOWMENT CARE RULES APPLY

_____ A CEMETERY MUST NOT ADVERTISE OR REPRESENT ITSELF AS AN ENDOWMENT CARE CEMETERY, UNLESS ALL OF THE PROVISIONS OF ORS 97.810 ARE MET. _____ ORS 97.810(12)

_____ IF YES, IS THE FOLLOWING STATEMENT INCLUDED ON THE DEED, CONTRACTS AND CERTIFICATES OF OWNERSHIP? _____ ORS 97.810(8)

“This Cemetery is an Endowment Care Facility”

_____ IF YES, IS THE FOLLOWING STATEMENT INCLUDED ON/IN THE BODY OF THE DEED , CONTRACTS AND CERTIFICATES OF OWNERSHIP? _____ ORS 97.810(9)

“Endowment Care means the general care and maintenance of all developed portions of the cemetery and memorials erected thereon.”

IF THE CEMETERY IS CONDUCTING PRENEED OR PRECONSTRUCTION SALES:

_____ ARE CEMETERY PRENEED SALESPERSONS REGISTERED WITH THE BOARD: Y / N _____ ORS 97.931 & OAR 830-030-0004(2); OAR 830-011-0070(1) & (2)

(List Salespersons) _____

CONTRACTS / DEEDS / WRITTEN INSTRUMENT of CONVEYANCE or TRANSFER:

Y / N Do Contracts (At-Need, Prearrangement Or Preconstruction) have the name and 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.

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

CEMETERY RECORDS: (see interment records and record of ownership records)

RECORDS WERE AVAILABLE FOR INSPECTION: Y / N OAR 830-040-0000(13)

RECORDS ARE AVAILABLE FOR INSPECTION BY SURVIVERS OF DECEDENT? Y / N ORS 97.720(1)

PERMANENT RECORDS - INTERMENT/ENTOMBMENT/INURNMENT/SCATTERING GARDEN:

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. The interment records shall be open to inspection by survivors of the decedent during the customary office hours of the cemetery authority.

OAR 830-040-0000(6) All licensees and licensed facilities shall keep a detailed, accurate, and permanent record of all transactions that are performed for the care and preparation and final disposition of human remains. The record shall 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 wherein remains are to be interred or cremated. In cemetery records, the "name of place" means exact location of the interment of remains by crypt, niche, or by grave, lot and plot;
- (e) The name of the funeral service practitioner or cemetery or crematory personnel responsible for making or for executing the arrangements pertaining to the delivery of goods and services;

1. NAME (a) & ORS 97.720(1) ID TAG(a) & ORS 97.720(1)

Date Interred ORS 97.720(1) Date of Death (b)

Name of person arranging for delivery of goods and services (c)

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 Interred ORS 97.720(1) Date of Death (b)

Name of person arranging for delivery of goods and services (c)

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 Interred ORS 97.720(1) _____ Date of Death (b) _____
Name of person arranging for delivery of goods and services (c) _____
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 Interred ORS 97.720(1) _____ Date of Death (b) _____
Name of person arranging for delivery of goods and services (c) _____
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)) _____

PERMANENT RECORDS - OWNERSHIP through CONVEYANCE or TRANSFER:

1. Name of Owner(s)(c): _____
Plot Number(s)(d): _____
Records of Transfer of Ownership(6): _____
Name of FSP, Crematory or Cemetery Personnel responsible for arrangements(e): _____

2. Name of Owner(s)(c): _____
Plot Number(s)(d): _____
Records of Transfer of Ownership(6): _____
Name of FSP, Crematory or Cemetery Personnel responsible for arrangements(e): _____

3. Name of Owner(s)(c):

Plot Number(s)(d):

Records of Transfer of Ownership(6): _____

Name of FSP, Crematory or Cemetery Personnel responsible for arrangements(e):

4. Name of Owner(s)(c):

Plot Number(s)(d):

Records of Transfer of Ownership(6): _____

Name of FSP, Crematory or Cemetery Personnel responsible for arrangements(e):

NOTES:
