

ALTERNATIVE DISPOSITION FACILITY INSPECTION CHECKLIST

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

FACILITY NAME: _____ LIC # _____

PHYSICAL ADDRESS: _____ PHONE # _____

MAILING ADDRESS: _____

MANAGER: _____

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

LICENSE POSTED:

_____ Establishment license posted conspicuously for public viewing: _____

If Alternative Disposition facility is co-located with FE, license may be posted with FE license(s). If not, and the public visits the Alternative Disposition facility, (witnesses disposition), the license is visibly posted. OAR 830-040-0000(13)

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

_____ Is the assumed business name / ownership entity active with Secretary of State? _____
ORS 692.025; ORS 692.180; ORS 692.275; ORS 692.990; OAR 830-040-0030

_____ 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)

ALTERNATIVE DISPOSITION FACILITY CONDITION:

_____ ALTERNATIVE DISPOSITION FACILITY IS MAINTAINED IN A SANITARY CONDITION?

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

_____ INSPECTOR COMPLETED TOUR / INSPECTION OF ALL AREAS OF ESTABLISHMENT OTHER THAN THOSE USED AS LIVING QUARTERS OAR 830-040-0050(5); OAR830-040-0050(1)

FACILITY COMPLIANCE (For facilities performing dissolution):

_____ IS THE FACILITY COMPLYING WITH THE FOLLOWING REQUIREMENTS: OAR 830-030-0000(3)

_____ The Alternative Disposition Facility Authority must only employ a purpose-built vessel as a dissolution chamber. (a)

_____ If operating above atmospheric pressure, using an American Society of Mechanical Engineers' (ASME) certified pressure vessel as a dissolution chamber.(b)

_____ Following the Federal Center for Disease Infection Control guidelines for the application of heat, time and pressure during the dissolution process. (c)

_____ discharge liquid that is a byproduct of the dissolution process meets the facility's sewage collection and treatment facility requirements regarding acceptable pH level. (d)

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: _____

Facility has no manager = OAR 830-030-0000(12); Person managing is not assigned manager on the Board's records = OAR 830-040-0000(6); Change of principal without notification or approval = OAR 830-040-0000(6); Definition of Principal = OAR 830-011-0000(40)

_____ Licensee cooperated with the inspection: Y / N _____ OAR 830-040-0010(2), (3), (4) & (5)

_____ 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)

REMAINS PRESENT AT ALTERNATIVE DISPOSITION FACILITY: OAR 830-030-0000(2); 830-040-0000(2)

_____ NUMBER OF HUMAN REMAINS PRESENT FOR ALTERNATIVE DISPOSITION _____

_____ LOCATION _____

_____ Wrapped in sheet (if unembalmed) _____ OAR 830-030-0010(1)

_____ If not immediately placed in Alternative Disposition chamber, remains are placed in room w / "Private" or "AEO"
OAR 830-030-0040(3)

_____ If unembalmed - refrigerated at 36 °F or less or within app. Health laws: _____ OAR 830-030-0000(2); OAR 830-030-0010(1)

_____ ARE ANY HUMAN REMAINS PRESENT ON PREMISES FOR WHICH FINAL DISPOSITION HAS NOT OCCURRED WITHIN 48 HOURS? (and the premises is not co-located with a funeral establishment) OAR 830-040-0000(11)

_____ Y / N If yes, state exigent circumstances: _____

Notified Board? _____ Notified FSP? _____ (FSP notified family? _____) OAR 830-040-0000(11)

OPERATORS / SEXTONS: _____

REFRIGERATION:

On-site? Y / N If not, location _____ w/in 45 miles? Y / N _____ OAR 830-040-0020(6)

Remains Present: _____ Casketed: _____ Tag on Container: _____ OAR 830-030-0000(6)

Sanitary? Y / N _____

_____ OAR 830-040-0020(6); OAR 830-040-0010(1)

Good Operating Condition? _____ OAR 830-040-0020(6)

_____ Thermometer working properly? _____ Location: _____
OAR 830-030-0010(1); OAR 830-040-0020(6)

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

ALTERNATIVE DISPOSITION FACILITY AUTHORITY PROCEDURES / DUTIES of SEXTON:

OAR 830-030-0000(2) Alternative Disposition Facility Authorities shall comply with the requirements in this division (Division 30) for the handling and tracking of human remains prior to, during, and after cremation as if the Alternative Disposition Facility Authority is a Crematory Authority, the alternative disposition remains are cremated remains and the dissolution chamber is a crematorium. **OAR 830-030-0000(4)** 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, or is attached to the human remains if there is no receptacle. **OAR 830-030-0000(6)** 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, 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 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.

REQUIRED IDENTIFICATION / PAPERWORK PRESENT:

_____ **PRIOR TO ACCEPTING REMAINS, ALTERNATIVE DISPOSITION FACILITY AUTHORITY HAS SIGNED THE FINAL DISPOSITION PERMIT VERIFYING THE ID TAG NUMBER ON THE RECEPTACLE CONTAINING THE REMAINS IS THE NUMBER RECORDED ON THE FINAL DISPOSITION PERMIT.**

_____ **OAR 830-030-0000(6)**

_____ Has final disposition permit prior to accepting remains:

OAR 830-030-0030(1)(2)(3); ORS 432.317(6)

_____ Sexton records the date of final disposition on the permit:

ORS 432.317(7)

_____ **ID TAG on ALTERNATIVE DISPOSITION CONTAINER PRIOR TO ALTERNATIVE DISPOSITION**

OR Deaths, at head end of Casket / Container or attached to remains: **OAR 830-030-0030(1); OAR 830-030-0000(4)(a), (b) & (6)**

If remains arrive at the Alternative Disposition facility **not** in an alternative disposition container, the Alternative Disposition Facility Authority shall satisfy identification, and thereafter place the following upon the exterior of the alternative disposition container (receptacle): **OAR 830-030-0030(1) & (3)**

_____ Name of deceased

_____ Date of death

_____ Place of death

_____ Name and relationship of authorizing agent

_____ Name of authorizing agent or firm engaging Alternative Disposition facility services

WRITTEN ALTERNATIVE DISPOSITION AUTHORIZATION _____ **OAR 830-030-0040(2)**

_____ **ID TAG ACCOMPANIES REMAINS THROUGH ALTERNATIVE DISPOSITION PROCESS**

Hook on outside of chamber: _____

OAR 830-030-0000(2); OAR 830-030-0000(5); OAR 830-030-0040(6)

_____ **UNDERGO PROCESSING:** _____

All residual of Alternative Disposition process shall be processed (unidentifiable dimensions):

OAR 830-030-0050(2)

Definition of: "Processed Alternative Disposition Remains:"

OAR 830-011-0000(41)

_____ ID Tag follows processed remains through process:

OAR 830-030-0000(5)

_____ **PLACE ENTIRE PROCESSED REMAINS IN CONTAINER WITH DISC**

_____ **OAR 830-030-0050(3)**

_____ **EXCESS PROCESSED HUMAN REMAINS ARE:** _____

OAR 830-030-0050(4)

_____ **ID TAG ATTACHED to or IN PROCESSED REMAINS CONTAINER AFTER ALTERNATIVE DISPOSITION**

_____ **OAR 830-030-0050(3)**

INFORMATION REQUIRED to be: Affixed To Temp Receptacle -or- Attached to Permanent Receptacle:
OAR 830-030-0050(5)

NAME _____ DOD _____ ID# _____ FUNERAL HOME _____ ALTERNATIVE DISPOSITION FACILITY _____

RECEIPT FOR PROCESSED REMAINS:

_____ IS A COPY OF THE RECEIPT FOR PROCESSED REMAINS RETAINED THAT INCLUDES THE FOLLOWING: OAR 830-040-0000(9)

- _____ Name of the deceased
- _____ Name of the individual receiving the remains
- _____ Date of delivery
- _____ Signature of individual receiving the remains
- _____ The licensee or licensee's representative releasing the remains signature

PERMANENT RECORDS:

OAR 830-040-0000(7) All licensees and licensed facilities shall 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 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 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, or cemetery, or 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 shall 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 97.720(1) Record of interments and cremations ; inspection. (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. **NAME (a) & ORS 97.720(1)** _____ **ID TAG(a) & ORS 97.720(1)** _____

Date of Disposition ORS 97.720(1) _____ **Date of Death (b)** _____

Name of the Person arranging for delivery of goods (c) _____

Written Authorization (g) Y / N _____ **Location of the Remains (d)** _____

Name of the Disposition facility 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 of Disposition ORS 97.720(1) _____ **Date of Death (b)** _____

Name of the Person arranging for delivery of goods (c) _____

Written Authorization (g) Y / N _____ **Location of the Remains (d)** _____

Name of the Disposition facility 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 of Disposition ORS 97.720(1) _____ Date of Death (b) _____
Name of the Person arranging for delivery of goods (c) _____
Written Authorization (g) Y / N _____ Location of the Remains (d) _____
Name of the Disposition facility 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 of Disposition ORS 97.720(1) _____ Date of Death (b) _____
Name of the Person arranging for delivery of goods (c) _____
Written Authorization (g) Y / N _____ Location of the Remains (d) _____
Name of the Disposition facility personnel responsible for making or for executing the arrangements (e) _____
Name and address of the funeral service practitioner, if any: _____ ORS 97.720(1)

COMMENTS / FOLLOW UP / QUESTIONS ASKED THAT NEED RESEARCH:
