

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: _____ **PHONE #** _____

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

MANAGER: _____

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)(b)

_____ **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(3) provides that it is the responsibility of the funeral service practitioner to see that the State ID tag is to the receptacle containing remains. **OAR 830-030-0000(5)** provides that it shall be the responsibility of the cemetery 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. The cemetery authority/sexton shall sign the final disposition permit signifying that the number on the metal tag matches the Oregon death certificate. At no time shall the cemetery accept remains without an identifying metal disc unless death occurred in a state other than Oregon]. **OAR 830-030-0000(5)**

_____ **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(5)**

_____ 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)**

_____ Back side of the head end, behind the handle, if any: _____ **OAR 830-030-0000(3)**

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(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(32);

_____ Licensee cooperated with the inspection: Y / N _____
_____ OAR 830-040-0010(2) & (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 THE CEMETERY IS CONDUCTING PRENEED OR PRECONSTRUCTION SALES:

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

_____ THE PRENEED PROGRAM INCLUDES A PERIOD OF NOT LESS THAN FIVE DAYS FOR PURCHASER TO CANCEL THEIR PRENEED CONTRACT. Y / N OAR 830-030-0100(18)

CONTRACT / DEED:

_____ AS OF JANUARY 1, 1998 ALL CONTRACTS EITHER AT-NEED, PREARRANGEMENT OR PRECONSTRUCTION SHALL HAVE PRINTED IN A MINIMUM 10 POINT PRINT AT THE BOTTOM OF EACH CONTRACT: OAR 830-040-0005

"THIS FACILITY IS LICENSED BY THE OREGON (STATE) MORTUARY AND CEMETERY BOARD"
(10 point Times New Roman shown above)

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

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

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

INTERMENT - PERMANENT RECORDS

OAR 830-040-0000(6)(a)(b)(c)(d)(e) (6) All licensees, licensed facilities and funeral service practitioners 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 the identifying metal disc number provided by Vital Statistics;
- (b) Date of death;
- (c) Name of purchaser of professional services and relationship;
- (d) Name of place wherein remains are to be interred or cremated (in cemetery records the 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 the arrangements;

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

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 the Purchaser of professional services (c) _____ and
the Relationship of the Purchaser to the decedent (c) _____**

Location of the Remains (d) _____

Name of Cemetery Personnel responsible for 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 the Purchaser of professional services (c) _____ and
the Relationship of the Purchaser to the decedent (c) _____**

Location of the Remains (d) _____

Name of Cemetery Personnel responsible for 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 the Purchaser of professional services (c) _____ and
the Relationship of the Purchaser to the decedent (c) _____**

Location of the Remains (d) _____

Name of Cemetery Personnel responsible for arrangements (e) _____

Name and address of the funeral service practitioner, if any: (ORS 97.720(1)) _____

RECORDS OF OWNERSHIP:

ORS 97.720(2)

OAR 830-040-0000(6)(a)(b)(c)(d)(e) (6) All licensees, licensed facilities and funeral service practitioners 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 the identifying metal disc number provided by Vital Statistics;
- (b) Date of death;
- (c) Name of purchaser of professional services and relationship;
- (d) Name of place wherein remains are to be interred or cremated (in cemetery records the 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 the arrangements;

ORS 97.720(2) Record of interments and cremations; inspection. (2) A record shall be kept of the ownership of all plots in the cemetery which have been conveyed by the cemetery authority and of all transfers of plots in the cemetery.

1. Name of Owner(s): _____

Plot Number(s): _____

Records of Transfer of Ownership: _____

Name of Cemetery Personnel responsible for arrangements (e) _____

2. Name of Owner(s): _____

Plot Number(s): _____

Records of Transfer of Ownership: _____

Name of Cemetery Personnel responsible for arrangements (e) _____

3. Name of Owner(s): _____

Plot Number(s): _____

Records of Transfer of Ownership: _____

Name of Cemetery Personnel responsible for arrangements (e) _____

4. Name of Owner(s): _____

Plot Number(s): _____

Records of Transfer of Ownership: _____

Name of Cemetery Personnel responsible for arrangements (e) _____

NOTES:
