

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

CEMETERY NAME: _____ LIC # _____

OWNER NAME: _____

PHYSICAL ADDRESS: _____

Mailing ADDRESS: _____

MANAGER: _____ PHONE # _____

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

LICENSE / RECORDS:

_____ Establishment license posted conspicuously for public viewing: _____ OAR 830-040-0000(13)

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

_____ Outstanding licensing issues? _____

_____ Have there been Changes in Principals? _____ OAR 830-020-0040(1)(c) ORS 692.148(1); OAR 830-011-0000(40)

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

CEMETERY CONDITION:

_____ CEMETERY IS MAINTAINED IN A SANITARY CONDITION? _____
Generally: OAR 830-040-0010(1); Oregon Health Laws: OAR 830-030-0090(1)(a)

_____ CHECK EXCESS SOIL MOUNDS / PROBE GRAVES

_____ ARE ANY HUMAN REMAINS ON PREMISES FOR WHICH FINAL DISPOSITION HAS NOT OCCURRED WITHIN 24 HOURS? (Premises is not co-located with funeral establishment) Y / N If yes, state exigent circumstances: _____
OAR 830-040-0000(11)

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

_____ INSPECTOR COMPLETED TOUR / INSPECTION OF ALL AREAS OF ESTABLISHMENT _____ ORS 692.320(2)

OPERATORS / SEXTONS: _____

CEMETERY AUTHORITY PROCEDURES / DUTIES of SEXTON:

OAR 830-030-0000(4) Provides It is 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 remains if there is no receptacle. **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. **OAR 830-030-0000 (7)** If, when the human remains are delivered to the crematory, cemetery or alternative disposition facility, no metal disc is attached to the receptacle or 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) must retain responsibility for the proper care and storage of the remains until the correct disc is obtained and ensure it is affixed to the 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), must 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(6)

_____ 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(6) & (7)

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(12); Person managing is not the assigned manager on the Board's records = OAR 830-040-0000(6); ORS 692.148(1); Change of principal without notification or approval = ORS 692.148(1); Definition of Principal = OAR 830-011-0000(40);

_____ Licensee cooperated with the inspection: Y / N _____

_____ 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)

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:

_____ IS THE CEMETERY OPERATING AS AN ENDOWMENT CARE CEMETERY? Y / N

_____ Does the cemetery maintain an endowment care fund in an irrevocable trust fund? Y / N
ORS 97.010(17); ORS 97.810(1) - ORS 97.865

_____ Is the cemetery is calculating endowment care amount correctly: Y / N
ORS 97.810(2) If "no", refer to DCBS for follow-up.

_____ If filing is required, Inspector verified on DCBS/DFCS website for compliance? Y / N
ORS 97.810(4); ORS 97.865; If "no", refer to DCBS for follow-up.

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 REQUIRED, ARE THE FOLLOWING STATEMENTS INCLUDED ON THE DEED, CONTRACTS AND CERTIFICATES OF OWNERSHIP? ORS 97.810(8) (9)

_____ "This Cemetery is an Endowment Care Cemetery"

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

PRE-NEED SALES

_____ IS THE CEMETERY CONDUCTING PRENEED OR PRECONSTRUCTION SALES: Y / N
("Preneed" does not include sale of existing graves, niches or crypts)

_____ If "Yes" - is the cemetery registered with DCBS as a Certified Provider? Y / N
(If renewal date is expired, refer to DCBS for follow-up)

_____ 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) _____

DCBS has determined that city owned cemeteries do not need to be certified providers. They are no different than other municipalities that manage everything through the city funds and have city oversight. (Decision 12/27/12)

CONTRACTS / DEEDS / WRITTEN INSTRUMENT of CONVEYANCE or TRANSFER:

Y / N Do Prearrangement or Preconstruction Contracts include not less than five business days in which to cancel? 830-030-0100 (7)

Y / N Do Contracts (At-Need, Prearrangement or Preconstruction) have the registered 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, (971)673-1500.

CEMETERY RULES:

_____ WRITTEN CEMETERY RULES AVAILABLE ORS 97.710(3)

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

_____ RECORDS WERE AVAILABLE FOR INSPECTION: Y / N _____ OAR 830-040-0000(14)

_____ RECORDS ARE AVAILABLE FOR INSPECTION BY SURVIVORS 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. (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.

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;
- (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 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.

INTERMENT AUTHORIZATION (g):

_____ Printed name of Authorizing Agent	_____ Signature of Authorizing Agent
_____ Printed Name of Licensee or Representative	_____ Signature of Licensee or Representative
_____ Phone Number of the Authorizing Agent	_____ Relationship
_____ Date	_____ Time

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) _____

Interment Authorization (g) Y / N:

_____ Printed name of Authorizing Agent	_____ Signature of Authorizing Agent
_____ Printed Name of Licensee or Representative	_____ Signature of Licensee or Representative
_____ Phone Number of the Authorizing Agent	_____ Relationship
_____ Date	_____ Time

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) _____

Interment Authorization (g) Y / N:

_____ Printed name of Authorizing Agent	_____ Signature of Authorizing Agent
_____ Printed Name of Licensee or Representative	_____ Signature of Licensee or Representative
_____ Phone Number of the Authorizing Agent	_____ Relationship
_____ Date	_____ Time

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) _____

Interment Authorization (g) Y / N:

_____ Printed name of Authorizing Agent	_____ Signature of Authorizing Agent
_____ Printed Name of Licensee or Representative	_____ Signature of Licensee or Representative
_____ Phone Number of the Authorizing Agent	_____ Relationship
_____ Date	_____ Time

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) _____

Interment Authorization (g) Y / N:

_____ Printed name of Authorizing Agent	_____ Signature of Authorizing Agent
_____ Printed Name of Licensee or Representative	_____ Signature of Licensee or Representative
_____ Phone Number of the Authorizing Agent	_____ Relationship
_____ Date	_____ Time

PERMANENT RECORDS - OWNERSHIP through CONVEYANCE:

1. Name of Owner(s)(a): _____ Plot Number(s)(d): _____

Records of Transfer of Ownership ORS 97.720(2): _____

Cemetery Personnel responsible for arrangements(e): _____

2. Name of Owner(s)(a): _____ Plot Number(s)(d): _____

Records of Transfer of Ownership ORS 97.720(2): _____

Cemetery Personnel responsible for arrangements(e): _____
3. Name of Owner(s)(a): _____ Plot Number(s)(d): _____

Records of Transfer of Ownership ORS 97.720(2): _____

Cemetery Personnel responsible for arrangements(e): _____

4. Name of Owner(s)(c): _____ Plot Number(s)(d): _____

Records of Transfer of Ownership ORS 97.720(2): _____

Cemetery Personnel responsible for arrangements(e): _____

PERMANENT RECORDS - PREARRANGED OR PRECONSTRUCTION:

1. Name of Owner(s)(c): _____ Date of Purchase: _____

Preneed Salesperson registered: _____
OAR 830-011-0070(1) & (2) ORS 97.931

2. Name of Owner(s)(c): _____ Date of Purchase: _____

Preneed Salesperson registered: _____
OAR 830-011-0070(1) & (2) ORS 97.931

3. Name of Owner(s)(c): _____ Date of Purchase: _____

Preneed Salesperson registered: _____
OAR 830-011-0070(1) & (2) ORS 97.931

4. Name of Owner(s)(c): _____ Date of Purchase: _____

Preneed Salesperson registered: _____
OAR 830-011-0070(1) & (2) ORS 97.931

NOTES:
