

FUNERAL ESTABLISHMENT INSPECTION CHECKLIST
OREGON MORTUARY AND CEMETERY BOARD
800 NE OREGON STREET, SUITE 430 PORTLAND, OREGON 97232
(971) 673-1500

FACILITY NAME: _____ #FE- _____

(Co-located facilities) _____

PHYSICAL ADDRESS: _____ TELE. NO. _____

MAILING ADDRESS: _____

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

MANAGER: _____

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

LICENSE / RECORDS:

_____ Establishment and Apprentice licenses posted conspicuously for public viewing: OAR 830-040-0000(13)
(Individual licenses do not need to be posted, but available upon request)

_____ Is the ownership entity / assumed business name active with Secretary of State? _____
ORS 692.025; ORS 692.146; ORS 692.148; ORS 692.180; ORS 692.260; ORS 692.990; OAR 830-040-0030

_____ Does the facility sell Trust Funded Pre-arrangements?

_____ If "Yes" is the facility registered with DCBS as a Certified Provider? (if expired, refer to DCBS for follow-up)
ORS 97.933

_____ 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)

APPRENTICE LOGS:

830-011-0020(2)(a), (A - F)
Embalmer: (A) _____ (B) _____ (C) _____ (D) _____ (E) _____ (F) _____
Name of deceased Date of Death Date /Place embalming Facility Supervisor Confirm Hrs per Week

830-011-0020(3) (a - b),(c) (A - G)
FSP: (A) _____ (B) _____ (C) _____ (D) _____ (E) _____ (F) _____ (G) _____
Name of deceased/ Date of Death Date /Place Description Days/Hours Supervisor Facility in
Authorizing Agent Arrangements of Participation Worked Confirm Charge of Final
Made with family Disposition

REFRIGERATION:

On-site? Y / N If not, location _____ w/in 45 miles? Y / N _____ ORS 692.025(3)(d);
OAR 830-040-0020(6)

Remains Present: _____ ID Tag Attached: _____ OAR 830-030-0000(4)(a) & (b)

Sanitary? Y / N _____ OAR 830-040-0020(6); OAR 830-040-0010(1)

Good Operating Condition? _____ Thermometer working properly? _____ Location: _____
OAR 830-040-0020(6); 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

PREP ROOM: -or- HOLDING ROOM: (Circle One) **PR or HR required - ORS 692.025(3)(c)**

Sign(s): "Private" _____ OR "Authorized Entry Only" _____ OAR 830-040-0020(2)(c)

Door Locked at all times? Y / N _____ OAR 830-040-0020(2)(c)

Maintained in a Sanitary Condition? Y / N _____ OAR 830-040-0020(5); OAR 830-040-0010(1)

Most recent embalming date/time: _____

_____ **Impervious: Walls, Ceiling, Furnishings, Embalming Table** _____ OAR 830-040-0020(2)(a)

_____ **Floor impervious** _____ OAR 830-040-0020(2)(a)

_____ **Ventilation working** _____ OAR 830-040-0020(2)(b)

_____ **Are windows / exterior doors screened or permanently closed and installed in such a way that the room shall be obstructed from outside view and fumes and odors are prevented from entering other parts of the building?** _____ OAR 830-040-0020(2)(d)

_____ **Instruments: Clean, no stains** _____ OAR 830-040-0020(4)

_____ **Facility has Sheets/Body Bags** _____ OAR 830-030-0010(1)

_____ **Running Water/Sewage Connection** _____ OAR 830-040-0020(3)(b)

_____ **Eye Wash Station** _____ OAR 830-040-0020(3)(d)

_____ **Embalming Table** _____ OAR 830-040-0020(3)(a)

_____ **Covered Waste Can** _____ OAR 830-040-0020(3)(b)

_____ **First Aid Kit** _____ OAR 830-040-0020(3)(c)

_____ **Disinfectants/Antiseptics** _____ OAR 830-040-0020(3)(b)

HUMAN REMAINS PRESENT:

Location: _____

Remains held longer than TEN (10) days? Y / N Board NOTIFIED? Y / N _____ OAR 830-030-0010(4)

_____ **Are unembalmed bodies refrigerated? Y / N If not, why not? (Held less than 24 hrs / body out of refrigeration for six hours or less.)** _____ OAR 830-030-0010(1)

_____ **Are remains properly identified? Y / N (ID Tag attached to the top of the head end of the casket/alt. container/receptacle or remains.)** **ORS 692.405 and/or OAR 830-030-0000(4)**

_____ **Are Cremated Remains properly identified? Y / N (ID Tag with cremated remains.)** **ORS 692.405**

Crematory is responsible for labeling receptacles: **OAR 830-030-0050(5)**

Name _____ DOD _____ ID Tag # _____ Funeral Estab. _____ Crematory _____

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

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: _____

_____ Is the manager a licensed FSP? _____ OAR 830-030-0000(12); ORS 692.025(3)(b)

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); Person managing other FE or IM, and does not have Board approval to manage non-co-located facilities OAR 830-030-0000(13).

_____ 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)

BLANK FORMS:

EMBALMING AUTHORIZATION: OAR 830-040-0000(7)(g)

Written _____ Oral _____ Name of Authorized Agent _____
Written _____ Oral _____ Relationship to decedent _____
Written _____ Oral _____ Date Contacted _____
Written _____ Oral _____ Time Contacted _____
Written _____ Oral _____ Phone number of person contacted _____
Written _____ Oral _____ Licensee _____

INTERMENT AUTHORIZATION: OAR 830-040-0000(7)(g)

_____ Printed name of Authorizing Agent _____ Signature of Authorizing Agent
_____ Phone number of Authorizing Agent _____ Relationship to Decedent
_____ Printed Name of Licensee _____ Signature of Licensee
_____ Date _____ Time

CREMATION AUTHORIZATION: OAR 830-040-0000(7)(g)

_____ The name of the person with the right to control disposition: _____
_____ Relationship to the deceased: _____
_____ Date contacted: _____
_____ Time contacted: _____
_____ Phone number: _____
_____ Name of the licensee or FE Rep acquiring the authorization: _____
_____ Statement of disposition of cremains _____

RECEIPT FOR CREMAINS: OAR 830-040-0000(9)

_____ Name of Decedent
_____ Name of person receiving remains
_____ Date Received / Delivered
_____ Signature of person receiving remains
_____ Printed name of FSP or FE Representative
_____ Signature of FSP or FE Representative

CASKET SELECTION ROOM:

_____ **Prices of displayed Caskets should conform to the Casket Price List. Y / N**

(Price cards may be used but only in addition to a CPL): FTC Business Guide

16 CFR 453.2(a)(b); Misrep: OAR 830-030-0100(1); OAR 830-050-0050(4); ORS 692.180(1)(a)

GENERAL PRICE LIST:

_____ **Is there an available supply of GPL's? Y / N Where? _____**

Consumer must be given a copy of the GPL to keep at the beginning of discussing arrangements. A binder can be used, but only in conjunction with the GPL, FTC Business Guide; 16 CFR 453.2(b)(4)(i)(A)

_____ **Has the funeral establishment kept a copy of the GPL, CPL, OBCPL and SFGSS for one year after the date of their last distribution to customers?**

16 CFR 453.6

_____ **The caption: General Price List**

16 CFR 453.2 (b)(4)(i)(C)(2)

_____ **The effective date of the price list. Date: _____**

16 CFR 453.2 (b)(4)(i)(C)(3)

(Verified effective date is accurate.)

_____ **The name of the establishment**

16 CFR 453.2 (b)(4)(i)(C)(1)

_____ **The address of the establishment**

16 CFR 453.2 (b)(4)(i)(C)(1)

_____ **The telephone number of the place of business**

16 CFR 453.2 (b)(4)(i)(C)(1)

REQUIRED DISCLOSURES:

_____ **Right of Selection Disclosure:**

16 CFR 453.4(b)(2)(i)(A)

"The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected."

_____ **Embalming Disclosure:**

16 CFR 453.3(a)(2)(ii)

"Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial."

_____ **Alternative Container Disclosure:**

16 CFR 453.3(b)(2)

"If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers)."

_____ **Basic Services Fee Disclosure:**

16 CFR 453.2(b)(4)(iii)(C)(1)

"This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains.)"

- _____ **Casket Price List Disclosure: (w/Casket range on the GPL)** 16 CFR 453.2(b)(4)(iii)(A)(1)
"A complete price list will be provided at the funeral home."
- _____ **Outer Burial Container Price List: (w/OB range on the GPL)** 16 CFR 453.2(b)(4)(iii)(B)(1)
"A complete price list will be provided at the funeral home."

THE FOLLOWING ITEMS ARE REQUIRED TO BE INCLUDED IN THE GPL, IF OFFERED:

- _____ **Basic Services of Funeral Director and Staff, and overhead** 16 CFR 453.2(b)(4)(iii)(C)(1)
- _____ **Transfer of remains to funeral establishment** 16 CFR 453.2(b)(4)(ii)(E)
- _____ **Additional Mileage price listed**
- _____ **Forwarding of remains to another funeral establishment WITH** 16 CFR 453.2(b)(4)(ii)(A)
Description of gds. and services offered for forwarding remains 16 CFR 453.2(b)(4)(ii)(A)
- _____ **Receiving remains from another funeral establishment WITH** 16 CFR 453.2(b)(4)(ii)(B)
Description of goods and services offered for receiving remains 16 CFR 453.2(b)(4)(ii)(B)
- _____ **Embalming** 16 CFR 453.2(b)(4)(ii)(F)
- _____ **Other preparation of the body** 16 CFR 453.2(b)(4)(ii)(G)
- _____ **Use of facility and Staff for viewing** 16 CFR 453.2(b)(4)(ii)(H)
- _____ **Use of facility and staff for funeral ceremony** 16 CFR 453.2(b)(4)(ii)(I)
- _____ **Use of facility and staff for memorial service** 16 CFR 453.2(b)(4)(ii)(J)
- _____ **Use of equipment and staff for graveside service** 16 CFR 453.2(b)(4)(ii)(K)
- _____ **Hearse** 16 CFR 453.2(b)(4)(ii)(L)
- _____ **Limousine** 16 CFR 453.2(b)(4)(ii)(M)
- _____ **Casket Price List (all caskets offered) OR** 16 CFR 453.2(b)(4)(iii)(A)(2)
 _____ **Casket Price Range** 16 CFR 453.2(b)(4)(iii)(A)(1)
- _____ **Outer Burial Container Price List (all containers offered) OR** 16 CFR 453.2(b)(4)(iii)(B)(2)
 _____ **Outer Burial Container Price Range** 16 CFR 453.2(b)(4)(iii)(B)(1)
- _____ **Refrigeration charges begin to accrue after 24 hours** OAR 830-030-0010(1)
- _____ **Crematory Retort Fee** 16 CFR 453.2(b)(4)(i)(A); 16 CFR 453.2(b)(5)(i)
- _____ **Package prices less than or equal to itemized price** OAR 830-030-0100; ORS 692.180(1)(a)(b)
- _____ **Travel Plan Offered (Must be Trusted if sold with funeral arrangements)** DCBS Referral
- _____ **Other:** _____

DIRECT CREMATION:

- _____ **Does GPL state a price range for all of the direct cremations offered by the provider?**
Together with the following: 16 CFR 453.2(b)(4)(ii)(C)
- _____ **One price - consumer provides the casket or container** 16 CFR 453.2(b)(4)(ii)(C)(1)
- _____ **One price for DC with minimum alternative container or casket** 16 CFR 453.2(b)(4)(ii)(C)(2)
- _____ **One price for DC with selected alternative container or casket** 16 CFR 453.2(b)(4)(ii)(C)(2)
- _____ **Description of services / container (where applicable) included in each price** 16 CFR 453.2(b)(4)(ii)(C)(3)

IMMEDIATE BURIAL:

- _____ **Does GPL state a price range for all of the immediate burials offered by the provider?**
Together with the following: 16 CFR 453.2(b)(4)(ii)(D)
- _____ **One price where the consumer provides the casket** 16 CFR 453.2(b)(4)(ii)(D)(1)
- _____ **One price for IB with minimum alternative container or casket** 16 CFR 453.2(b)(4)(ii)(D)(2)
- _____ **One price for IB with selected alternative container or casket** 16 CFR 453.2(b)(4)(ii)(D)(2)
- _____ **A description of the services and that container included in each price** 16 CFR 453.2(b)(4)(ii)(D)(3)

PROHIBITED FEES:

- _____ Embalming required for public viewing (policy)? _____
_____ OAR 830-030-0080(1); 16 CFR 453.3(a)(1)(i); 16 CFR 453.3(d)(1)(2)
- _____ Does the GPL contain any **prohibited non-declinable fees**, including any which should be included in the basic services fee? _____
_____ 16 CFR 453.2(b)(4)(iii)(C) and (iv)

CASKET PRICE LIST:

- _____ Is the list clearly marked with "Casket Price List"? 16 CFR 453.2(b)(2)(i)
- _____ Is the list clearly marked with the funeral establishment's name? 16 CFR 453.2(b)(2)(ii)
- _____ Is the effective date for the list indicated? Date: _____ 16 CFR 453.2(b)(2)(i)
- _____ Is a price listed for each casket, including alternative containers? 16 CFR 453.2(b)(2)(i); 16 CFR 453.2(a)

OUTER BURIAL CONTAINER PRICE LIST:

- _____ Is the list clearly marked as "Outer Burial Container Price List"? 16 CFR 453.2(b)(3)(ii)
- _____ Is the list clearly marked with the funeral establishment's name? 16 CFR 453.2(b)(3)(ii)
- _____ Is the effective date for the list indicated? Date: _____ 16 CFR 453.2(b)(3)(i)
- _____ Does the list contain a price for each container (ex. Spec. Order) 16 CFR 453.2(b)(3)(i)
- _____ **Outer Burial Container Disclosure:** [This disclosure can be included in the GPL if the outer burial containers are included as part of the GPL] 16 CFR 453.3(c)(2)

"In most areas of the country, state or local law does not require that you buy a container to surround the casket in the grave. However, many cemeteries require that you have such a container so that the grave will not sink in. Either a grave liner or a burial vault will satisfy these requirements."

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED:

- _____ **Legal Requirement Disclosure:** 16 CFR 453.4(b)(2)(i)(B)
"Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below."
- _____ **Embalming Disclosure:** 16 CFR 453.5(b)
"If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below."

Are the reasons for embalming proper? _____

16 CFR 453.3(d)(1)(2); 16 CFR 453.5; OAR 830-030-0080(1); OAR 830-030-0010(1); OAR 830-030-0070(1)

Embalming must be selected / requested and therefore, "Requested," or "Expressly requested by the family" is a proper reason. "Authorized," "permission given," "visitation," "ship-out," "mausoleum" or "funeral with viewing" are not proper reasons. Although embalming is not required in Oregon for a funeral with viewing, or for transportation, as human remains may be removed from refrigeration for six hours; and although embalming is not required by Oregon law for entombment, embalming could be "requested" by the family for a service with viewing or for transportation or for entombment in a particular cemetery that requires it -- and this reason would be proper. The SFGSS should state the reason for embalming, such as: "family requests embalming for mausoleum requirements;" or "family expressly requests embalming for shipping," etc.

Y / N Do Prearrangement contracts contain the physical location of the facility? OAR 830-040-0005(2)

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

Y / N Cash Advance Disclosure: Does funeral establishment make a charge upon, or receive and retain a rebate, commission or trade or volume discount upon a cash advance item? Commonly marked up cash advance items might be flowers or newspaper obituaries? If yes, then the SFGSS must have this FTC DISCLOSURE: 16 CFR 453.3(f)(2)

"We charge you for our services in obtaining;" (the FSP must specify cash advance items -- such as cemetery goods or services, flowers..... etc.)

Y / N Do At-Need Contracts have the 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.

MISCELLANEOUS:

Does the funeral establishment have Cemetery Records? Y / N

List Cemeteries used by facility:

PERMANENT RECORDS:

Required per Statute or Rule:

- ORS 692.320(2) Records required to comply with ORS 692; ORS 432; and with rules adopted
OAR 830-040-0000 (8) signed statement specifying action taken regarding delivery of cremated remains
OAR 830-040-0000 (9) signed cremated remains Receipt
OAR 830-040-0000 (7)(a),(b),(c),(d),(e),(f) & (g) Copies of all transactions performed for the care, preparation and final disposition of human remains; record to include, at a minimum, the following: (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.

1. NAME (7)(a) _____ ID Tag (7)(a) _____ DOD (7)(b) _____

Authorizing Agent / Person authorizing final disposition (7)(c) _____

Location of Remains: (7)(d) _____

Remains kept longer than ten days? _____ Reported to Board? Y / N OAR 830-030-0010(4)

EMBALMED: Y / N Name of EMBALMER? (7)(f) _____ Facility: _____

Oral permission? Y / N Written Permission/Confirmation of Oral? Y / N OAR 830-030-0010(3)

Written _____	Oral _____	Name of Authorized Agent _____
Written _____	Oral _____	Relationship to decedent _____
Written _____	Oral _____	Date Contacted _____
Written _____	Oral _____	Time Contacted _____
Written _____	Oral _____	Phone number of person contacted _____
Written _____	Oral _____	Licensee _____

_____ Is the REASON for Embalming proper on the SFGSS? (FTC Guide, page 28)
16 CFR 453.3(d)(1)(2); 16 CFR 453.5; OAR 830-030-0080(1); OAR 830-030-0010(2); Misrep: OAR 830-030-0100(1)

INTERMENT AUTHORIZATION: (7)(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

CREMATED: Y / N WRITTEN CREMATION AUTHORIZATION (7)(g): Y / N _____
Crematory Name

_____ The name of the person with the right to control disposition: _____
 _____ Relationship to the deceased: _____
 _____ Date contacted: _____
 _____ Time contacted: _____
 _____ Phone number: _____
 _____ Name of the licensee or FE Rep acquiring the authorization: _____

SIGNED STATEMENT of DISPOSITION OF CREMAINS (8): _____

Y / N Did the authorized person receive remains _____
OAR 830-040-0000(7); ORS 97.150(1); OAR 830-030-0090(1)(b)

_____ Did the decedent make own arrangements, or designate an authorized agent prior to his/her death? *If so, were the arrangements carried out as requested?* _____
ORS 97.130; OAR 830-030-0090(1)(b)

RECEIPT FOR CREMAINS (9): Y / N

_____ Name of Decedent	_____ Name of person receiving remains
_____ Date Received / Delivered	_____ Signature of person receiving remains
_____ Printed name of FSP or FE Representative	_____ Signature of FSP or FE Representative

IF CREMATED REMAINS ARE SCATTERED by FE, IS THE ID TAG IN THE FILE? Y / N OAR 830-030-0000(10)

Y / N **SFGSS COSTS GENERALLY CONSISTENT WITH GPL:** 16 CFR 453.8; 16 CFR 453.2(a); Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4); OAR 830-050-0000(1)

Y / N **FE is marking up CASH ADVANCES without notifying consumer?** _____ 16 CFR 435.3(f)(1)

Y / N **Are UNLICENSED PERSONS engaging in at need arrangements?** _____
OAR 830-030-0004(1) (a) & (b)

2. NAME (7)(a) _____ ID Tag (7)(a) _____ DOD (7)(b) _____

Authorizing Agent / Person authorizing final disposition (7)(c) _____

Location of Remains: (7)(d) _____

Remains kept longer than ten days? _____ Reported to Board? Y / N OAR 830-030-0010(4)

EMBALMED: Y / N Name of EMBALMER? (7)(f) _____ Facility: _____

Oral permission? Y / N Written Permission/Confirmation of Oral? Y / N OAR 830-030-0010(3)

Written _____	Oral _____	Name of Authorized Agent _____
Written _____	Oral _____	Relationship to decedent _____
Written _____	Oral _____	Date Contacted _____
Written _____	Oral _____	Time Contacted _____
Written _____	Oral _____	Phone number of person contacted _____
Written _____	Oral _____	Licensee _____

_____ Is the REASON for Embalming proper on the SFGSS? (FTC Guide, page 28)
16 CFR 453.3(d)(1)(2); 16 CFR 453.5; OAR 830-030-0080(1); OAR 830-030-0010(2); Misrep: OAR 830-030-0100(1)

INTERMENT AUTHORIZATION: (7)(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

CREMATED: Y / N WRITTEN CREMATION AUTHORIZATION (7)(g): Y / N _____
Crematory Name

_____ The name of the person with the right to control disposition: _____
 _____ Relationship to the deceased: _____
 _____ Date contacted: _____
 _____ Time contacted: _____
 _____ Phone number: _____
 _____ Name of the licensee or FE Rep acquiring the authorization: _____

SIGNED STATEMENT of DISPOSITION OF CREMAINS (8): _____

Y / N Did the authorized person receive remains _____
OAR 830-040-0000(7); ORS 97.150(1); OAR 830-030-0090(1)(b)

_____ Did the decedent make own arrangements, or designate an authorized agent prior to his/her death? If so, were the arrangements carried out as requested? _____
ORS 97.130; OAR 830-030-0090(1)(b)

RECEIPT FOR CREMAINS (9): Y / N

_____ Name of Decedent	_____ Name of person receiving remains
_____ Date Received / Delivered	_____ Signature of person receiving remains
_____ Printed name of FSP or FE Representative	_____ Signature of FSP or FE Representative

IF CREMATED REMAINS ARE SCATTERED by FE, IS THE ID TAG IN THE FILE? Y / N OAR 830-030-0000(10)

Y / N **SFGSS COSTS GENERALLY CONSISTENT WITH GPL:** 16 CFR 453.8; 16 CFR 453.2(a); Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4); OAR 830-050-0000(1)

Y / N **FE is marking up CASH ADVANCES without notifying consumer?** _____ 16 CFR 435.3(f)(1)

Y / N **Are UNLICENSED PERSONS engaging in at need arrangements?** _____

OAR 830-030-0004(1) (a) & (b)

3. NAME (7)(a) _____ ID Tag (7)(a) _____ DOD (7)(b) _____

Authorizing Agent / Person authorizing final disposition (7)(c) _____

Location of Remains: (7)(d) _____

Remains kept longer than ten days? _____ Reported to Board? Y / N OAR 830-030-0010(4)

EMBALMED: Y / N Name of EMBALMER? (7)(f) _____ Facility: _____

Oral permission? Y / N Written Permission/Confirmation of Oral? Y / N OAR 830-030-0010(3)

Written _____	Oral _____	Name of Authorized Agent _____
Written _____	Oral _____	Relationship to decedent _____
Written _____	Oral _____	Date Contacted _____
Written _____	Oral _____	Time Contacted _____
Written _____	Oral _____	Phone number of person contacted _____
Written _____	Oral _____	Licensee _____

_____ Is the REASON for Embalming proper on the SFGSS? (FTC Guide, page 28)
16 CFR 453.3(d)(1)(2); 16 CFR 453.5; OAR 830-030-0080(1); OAR 830-030-0010(2); Misrep: OAR 830-030-0100(1)

INTERMENT AUTHORIZATION: (7)(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

CREMATED: Y / N WRITTEN CREMATION AUTHORIZATION (7)(g): Y / N _____
Crematory Name

_____ The name of the person with the right to control disposition: _____
 _____ Relationship to the deceased: _____
 _____ Date contacted: _____
 _____ Time contacted: _____
 _____ Phone number: _____
 _____ Name of the licensee or FE Rep acquiring the authorization: _____

SIGNED STATEMENT OF DISPOSITION OF CREMAINS (8): _____

Y / N Did the authorized person receive remains _____
OAR 830-040-0000(7); ORS 97.150(1); OAR 830-030-0090(1)(b)

_____ Did the decedent make own arrangements, or designate an authorized agent prior to his/her death? If so, were the arrangements carried out as requested? _____
ORS 97.130; OAR 830-030-0090(1)(b)

RECEIPT FOR CREMAINS (9): Y / N

_____ Name of Decedent	_____ Name of person receiving remains
_____ Date Received / Delivered	_____ Signature of person receiving remains
_____ Printed name of FSP or FE Representative	_____ Signature of FSP or FE Representative

IF CREMATED REMAINS ARE SCATTERED BY FE, IS THE ID TAG IN THE FILE? Y / N OAR 830-030-0000(10)

Y / N **SFGSS COSTS GENERALLY CONSISTENT WITH GPL:** 16 CFR 453.8; 16 CFR 453.2(a); Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4); OAR 830-050-0000(1)

Y / N **FE is marking up CASH ADVANCES without notifying consumer?** _____ 16 CFR 435.3(f)(1)

Y / N **Are UNLICENSED PERSONS engaging in at need arrangements?** _____
OAR 830-030-0004(1) (a) & (b)

4. NAME (7)(a) _____ ID Tag (7)(a) _____ DOD (7)(b) _____

Authorizing Agent / Person authorizing final disposition (7)(c) _____

Location of Remains: (7)(d) _____

Remains kept longer than ten days? _____ Reported to Board? Y / N OAR 830-030-0010(4)

EMBALMED: Y / N Name of EMBALMER? (7)(f) _____ Facility: _____

Oral permission? Y / N Written Permission/Confirmation of Oral? Y / N OAR 830-030-0010(3)

Written _____	Oral _____	Name of Authorized Agent _____
Written _____	Oral _____	Relationship to decedent _____
Written _____	Oral _____	Date Contacted _____
Written _____	Oral _____	Time Contacted _____
Written _____	Oral _____	Phone number of person contacted _____
Written _____	Oral _____	Licensee _____

_____ Is the REASON for Embalming proper on the SFGSS? (FTC Guide, page 28)
16 CFR 453.3(d)(1)(2); 16 CFR 453.5; OAR 830-030-0080(1); OAR 830-030-0010(2); Misrep: OAR 830-030-0100(1)

INTERMENT AUTHORIZATION: (7)(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

CREMATED: Y / N WRITTEN CREMATION AUTHORIZATION (7)(g): Y / N _____
Crematory Name _____

_____ The name of the person with the right to control disposition: _____
 _____ Relationship to the deceased: _____
 _____ Date contacted: _____
 _____ Time contacted: _____
 _____ Phone number: _____
 _____ Name of the licensee or FE Rep acquiring the authorization: _____

SIGNED STATEMENT of DISPOSITION OF CREMAINS (8): _____

Y / N Did the authorized person receive remains _____
OAR 830-040-0000(7); ORS 97.150(1); OAR 830-030-0090(1)(b)

_____ Did the decedent make own arrangements, or designate an authorized agent prior to his/her death? *If so, were the arrangements carried out as requested?* _____
ORS 97.130; OAR 830-030-0090(1)(b)

RECEIPT FOR CREMAINS (9): Y / N

_____ Name of Decedent	_____ Name of person receiving remains
_____ Date Received / Delivered	_____ Signature of person receiving remains
_____ Printed name of FSP or FE Representative	_____ Signature of FSP or FE Representative

IF CREMATED REMAINS ARE SCATTERED by FE, IS THE ID TAG IN THE FILE? Y / N OAR 830-030-0000(10)

Y / N **SFGSS COSTS GENERALLY CONSISTENT WITH GPL:** 16 CFR 453.8; 16 CFR 453.2(a); Misrepresentation: ORS 692.180(1)(a); OAR 830-030-0100(1); Fraud/Dishonest: ORS 692.180(1)(b); OAR 830-050-0050(4); OAR 830-050-0000(1)

Y / N **FE is marking up CASH ADVANCES without notifying consumer?** _____ 16 CFR 435.3(f)(1)

Y / N **Are UNLICENSED PERSONS engaging in at need arrangements?** _____
OAR 830-030-0004(1) (a) & (b)

New Facility _____ Change of Owner _____ Change of Location _____ Random _____ Scheduled _____ Other _____

PRENEED:

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

1. NAME: _____ **Date of Purchase** _____

Preneed Salesperson Registered? Y / N (#) _____ OAR 830-011-0070(1) & (2) ORS 97.931(1)

2. NAME: _____ **Date of Purchase** _____

Preneed Salesperson Registered? Y / N (#) _____ OAR 830-011-0070(1) & (2) ORS 97.931(1)

3. NAME: _____ **Date of Purchase** _____

Preneed Salesperson Registered? Y / N (#) _____ OAR 830-011-0070(1) & (2) ORS 97.931(1)

4. NAME: _____ **Date of Purchase** _____

Preneed Salesperson Registered? Y / N (#) _____ OAR 830-011-0070(1) & (2) ORS 97.931(1)

COMMENTS / FOLLOW UP / QUESTIONS ASKED THAT NEED RESEARCH:

