



## BOARD OF FUNERAL DIRECTORS AND EMBALMERS

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### HUMAN CREMATORY INSPECTION REPORT

Date

Field Representative Name

Field Representative Signature

Establishment Name: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Physical Location Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Human Crematory Website Address: \_\_\_\_\_

Human Crematory Email Address: \_\_\_\_\_

Licensed Funeral Director Serving as Manager: \_\_\_\_\_ FD #: \_\_\_\_\_

Licensed Funeral Director(s) Performing Cremations: \_\_\_\_\_ FD # \_\_\_\_\_

Number of cremations performed **prior** calendar year: \_\_\_\_\_ Number of cremations **current** year to date: \_\_\_\_\_

Number of cremation files examined during this inspection: \_\_\_\_\_

#### **Prerequisites to Cremation – Tenn. Code Ann. § 62-5-504.**

Required cremation permit from Health Department for each deceased .....

Acceptable	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

#### **Utilization of Licensed Crematory Facility – Tenn. Code Ann. § 62-5-107.**

##### **Cremation Authorization Form**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| A. Name, address and telephone number of crematory ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Signed by authorizing agent .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Signed and dated by licensed Funeral Director .....   | <input type="checkbox"/> | <input type="checkbox"/> |

#### **Written Receipt for Remains – Records – Tenn. Code Ann. § 62-5-509.**

##### **1. Written receipt for delivery of human remains to crematory facility:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| A. Name of decedent .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Date and time of delivery .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Type of casket or container remains delivered in .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Name of person delivering remains to crematory facility .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Name of funeral home or other establishment .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Name of person receiving decedent on behalf of crematory facility ..... | <input type="checkbox"/> | <input type="checkbox"/> |

##### **2. Written receipt for release of cremated remains from crematory facility:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| A. Name of decedent .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Date and time of release .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Name of person releasing cremated remains from crematory facility ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Name of person to whom cremated remains were released .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Name of funeral home, crematory or other entity .....                   | <input type="checkbox"/> | <input type="checkbox"/> |

3. Record (log) of each cremation conducted:

- A. Name of decedent .....  
 B. Date and time of cremation .....  
 C. Manner of final disposition (location, date and manner of final disposition) .....


**Requirements for Operation – Permanent Identification Device – Tenn. Code Ann. § 62-5-313(d)(2).**

YES NO

- A. Name of Deceased .....  
 B. Date of Birth .....  
 C. Date of Death .....


Type of Permanent Identification Device used: \_\_\_\_\_

Number of Cremated Remains Present: \_\_\_\_\_ Number of Cremated Remains Inspected: \_\_\_\_\_

**Crematory Facility Operator Duties – Tenn. Code Ann. § 62-5-507.**

Inspection of Crematory Facility

YES NO

- A. Is cremation in progress at time of inspection .....  
 B. Any excess residue or fragments found in cremation chamber .....  
 C. Any excess residue or fragments found in processing area .....  
 D. Any unauthorized access or visibility noted .....  
 E. Number of retort chambers: \_\_\_\_\_  
 F. Date retort chamber(s) placed in service: \_\_\_\_\_  
 G. Was retort chamber(s) operational: \_\_\_\_\_  
 H. Temperature of retort chamber(s) when inspected: \_\_\_\_\_  
 I. Refrigeration unit(s) on premises .....  
 J. Total body capacity of refrigeration unit(s): \_\_\_\_\_  
 K. Temperature of refrigeration unit(s) when inspected: \_\_\_\_\_  
 L. Number of bodies present at time of inspection: \_\_\_\_\_  
 M. Unembalmed bodies held for eight (8) hours in refrigeration unit .....  
 N. Embalmed bodies in holding area .....  
 O. Is the crematory facility maintained in a neat, clean and orderly fashion .....  
 P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity .....  
 Date(s) of last inspection/maintenance: \_\_\_\_\_ Obtain copy of report(s)  
 Q. Describe system established and maintained for identifying body throughout all phases of holding/cremation process: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_




R. Describe internal system used for tracing location of cremated remains during shipment (mail): \_\_\_\_\_

S. Signed receipt from person receiving cremated remains by mail .....

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**Requirements for a Crematory – Rule 0660-9-.01.**

YES NO

- A. Any evidence of commingling cremated ashes for storage or disposition .....  
 B. Any evidence of more than one (1) body being placed in cremation chamber .....  
 C. Any evidence of more than one (1) cremated remains placed in container .....  
 D. Number of unclaimed cremated remains present at crematory facility: \_\_\_\_\_


Describe procedure for handling and/or disposition of any unclaimed cremated remains \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WARNING ISSUED**  
 (Circle)

**CITATION ISSUED**  
 (Circle)

Reason(s)/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_