



BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER
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Website: <http://funeral.tn.gov>

Date

Field Representative Name

Field Representative Signature

ESTABLISHMENT INSPECTION REPORT

Establishment Name: _____ Lic. # _____

Physical Address: _____ Phone # _____

City, State, Zip Code: _____ Fax # _____

Mailing Address (if different from above): _____

Establishment website address: _____

Establishment email address: _____

Contact person(s) during inspection: _____

Funeral director serving as Manager: _____ FD # _____ EMB # _____

Total Calls previous year: _____ Total Calls current year to date: _____

Total Cremations previous year: _____ Total Cremations current year to date: _____

Licensed Funeral Director(s) and Embalmer(s) and their License Number(s)

Apprentice Funeral Director(s) and Apprentice Embalmer(s) and their Registration Number(s)

Preneed Sales Agent(s) and their Registration Number(s) – Tenn. Code Ann. § 62-5-404(a)

Preneed Seller Registration – Tenn. Code Ann. § 62-5-404(b)

Registration Number: _____ Expiration Date: _____

I. Funeral Rule – Federal Trade Commission – Rule 0660-11-.06

Acceptable

A. General Price List

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Name, address, telephone number _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Consumer’s right of selection disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Basic service fee disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Embalming disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Casket price list disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Outer burial container price list disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Alternative container of direct cremation disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |

B. Required 16 itemized prices on General Price List

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Basic services of funeral director and staff _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Embalming _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other preparation of the body _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Transfer of remains to funeral home _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Use of facilities and staff for funeral ceremony _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Use of facilities and staff for viewing _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Use of facilities and staff for memorial service _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Use of equipment and staff for graveside service _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Hearse _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Limousine _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Forwarding of remains to another funeral home _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving of remains from another funeral home _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Casket prices _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Outer burial containers prices _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Immediate burial _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Direct cremation _____ | <input type="checkbox"/> | <input type="checkbox"/> |

C. Casket price list

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Name of funeral establishment _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Price and description of each casket and alternative container _____ | <input type="checkbox"/> | <input type="checkbox"/> |

D. Outer burial container price list

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Name of funeral establishment _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Required disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Price and description of each outer burial container _____ | <input type="checkbox"/> | <input type="checkbox"/> |

E. Statement of funeral goods and services selected

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Cost of services, merchandise and description _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Legal requirement disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Embalming disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cash advance disclosure _____ | <input type="checkbox"/> | <input type="checkbox"/> |

5. Number of statement of funeral goods and services selected examined: _____

II. CREMATIONS – Tenn. Code Ann. § 62-5-107

- 1. Name of crematory(ies) used by establishment _____
- 2. License number of crematory(ies) used: _____
- 3. Date of latest inspection report: _____
- 4. Number of cremation files examined during inspection: _____

	Acceptable	
	Yes	No
A. Cremation authorization forms:		
1. Name, address, and phone number of crematory _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Correct information on form _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Signed by licensed funeral director _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Signed by authorizing agent _____	<input type="checkbox"/>	<input type="checkbox"/>
B. Receipt of human remains delivered to crematory – Tenn. Code Ann. § 62-5-509(b)		
1. Name of deceased _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Date and time of delivery _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Type of container _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Name of person delivering decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Name of person receiving decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Name of funeral home or establishment _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Receipt of cremated remains – Tenn. Code Ann. § 62-5-509(d)		
1. Name of decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Date and time of release of cremated remains _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Name of person to whom cremated remains released _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Name of person releasing cremated remains _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Name of establishment to whom cremated remains released _____	<input type="checkbox"/>	<input type="checkbox"/>

III. Name of establishment – Rule 0660-01-.03(2)

1. Signage _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Advertisements _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Business cards _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Internet website _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Price lists _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Other mediums _____	<input type="checkbox"/>	<input type="checkbox"/>

IV. Public Areas – Rule 0660-11-.04

1. Public areas in good state of repair _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Sidewalks, entrances, walkways free of debris/obstacles _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Restrooms-clean/stocked with hand soap, toilet tissue, paper towels _____	<input type="checkbox"/>	<input type="checkbox"/>

Acceptable

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

V. Preparation Rooms – Rule 0660-11-.02

- 1. Floor composition _____
- 2. Ventilation/exhaust fan _____
- 3. Instrument disinfection chemicals present _____
- 4. Trash container covered non-porous bag _____
- 5. Soiled laundry/linen container covered, non-porous bag _____
- 6. Chemical storage _____
- 7. Excess storage control _____
- 8. Paper towels, hand soap _____
- 9. All surfaces/tables/fixtures/equipment sanitary _____
- 10. Secured to prevent unauthorized entry _____
- 11. No window visibility _____
- 12. Order/free from clutter _____
- 13. Used only for preparation of dead human bodies _____

If there is no preparation room at this facility, name of the establishment where embalming procedures are performed: _____

VI. Permanent identification device – Tenn. Code Ann. § 62-5-313(d)(1)

- A. Type of permanent identification device used: _____
- 1. Number of bodies in funeral establishment at the time of inspection: _____
- 2. Number of bodies checked during inspection: _____
- 3. Location of bodies checked: _____

4. Family/public present while body checked: _____

B. Items required on the permanent identification device on body checked:

- 1. Name of decedent _____
- 2. Date of birth of decedent _____
- 3. Date of death of decedent _____

Remarks:
