



**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.**

Acceptable

YES NO

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

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

Cremation Authorization Form

- A. Name, address and telephone number of crematory .....
- B. Signed by authorizing agent .....
- C. Signed and dated by licensed Funeral Director .....

**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 .....
- B. Date and time of delivery .....
- C. Type of casket or container remains delivered in .....
- D. Name of person delivering remains to crematory facility .....
- E. Name of funeral home or other establishment .....
- F. Name of person receiving decedent on behalf of crematory facility .....

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

- A. Name of decedent .....
- B. Date and time of release .....
- C. Name of person releasing cremated remains from crematory facility .....
- D. Name of person to whom cremated remains were released .....
- E. Name of funeral home, crematory or other entity .....

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 .....

- 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**      **CITATION ISSUED**      Reason(s)/Comments: \_\_\_\_\_

(Circle)      (Circle)

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