



STATE OF NEVADA  
**FUNERAL AND CEMETERY SERVICES BOARD**

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## Crematory Inspection Checklist

### Authority

In accordance with NRS 642.067, NRS 642.365 and NRS 642.435, the Nevada Board of Funeral and Cemetery services has authority to inspect any premises where funeral directing is conducted or embalming practiced. In accordance with NRS 451.635 the Board shall examine the structure, equipment and location of the crematory.

### General Information

Name under which the location conducts business:

Physical address of location:

City:

State:

Zip Code:

Mailing address of location:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Owner of crematory:

Type of ownership:

Sole Proprietorship

Corporation

Limited Liability Company (LLC)

Partnership

Is the area zoned for mixed, commercial, or industrial, and at least 1500 feet from a residential parcel? Exception for alkaline hydrolysis equipment. (NRS 451.635)

Yes

No

### Licenses

Is the crematory license issued by the Board displayed conspicuously?

Yes

No

Are city and county permits or licenses displayed?

Yes

No

Have all individuals who operate the crematory equipment completed a crematory certification program approved by the Board? (NRS 451.635)

Yes

No

List names of all individuals who currently operate the equipment:

Name of Crematory Operator	Certification Date	Name of Certification Program

## Crematory Inspection Checklist

Equipment Information	
Number of machines:	Fuel source:
Machines Manufacturer:	Date the equipment was last serviced?

Procedure and Space for Cremation		
Is the space within the crematory enclosed? (NRS 451.680)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the crematory only used for the cremation of human remains? (NRS 451.680)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is an identifying document or label removed from container and kept near control panel until cremation is completed? (NRS 451.680)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is all recoverable residue properly removed from chamber following cremation? (NRS 451.680)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pulverizer or Crusher on site? (Cremated remains must be reduced to particles no larger than 1/8 of an inch) (NRS 451.700)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it appear that the location is being maintained in a sanitary and professional manner? (NAC 642.158)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Human Remains		
Is any area where bodies are stored awaiting cremation secure from access by anyone other than employees? (NRS 451.675, NRS 451.685)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any area where remains are stored awaiting cremation clean and free of any evidence of leaking bodily fluids? (NRS 451.675)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it appear that any area where remains are stored awaiting cremation protects the health and safety of crematory employees? (NRS 451.675)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remains present being refrigerated or embalmed within 24 hours? (NRS 451.675)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all human remains refrigerated in a self-contained, mechanical refrigeration unit at a temperature of not more than 42 degrees? (NAC 451.015)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remains in refrigeration and on-site properly identified? (NAC 451.070)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remains in refrigeration and on-site being stored without being on top of other remains? (NAC 642.158)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remains in refrigeration and on-site being stored face-up? (NAC 642.158)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remains in refrigeration and on-site completely covered or clothed (unless embalming)? (NAC 642.158)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remains in refrigeration and on-site being kept directly off of the floor? (NAC 642.158)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it appear that all bodies in refrigeration and on-site are being treated with dignity and respect at all times? (NAC 642.158, NRS 451.675)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it appear that all bodies are being cremated within a reasonable period of time? If no, please make notes below for any reasons given by staff. (NRS 451.020)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Containers		
Do all containers used cover the human remains completely when closed? (NRS 451.670)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all containers used resist leaking or spilling? (NRS 451.670)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all containers rigid enough for easy handling or supported during transport if alkaline hydrolysis is used? (NRS 451.670)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

**Crematory Inspection Checklist**

<b>Body Donation Information</b>		
Does the location work with any whole body donor organizations? If yes, please list:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, ask staff if permits are being obtained from the health department prior to body being donated (disposition)? (NRS 440.450)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the location cremate body parts? If yes, please provide more information below: i.e. amputations for hospitals, remaining parts after whole body donation, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the location cremates body parts, are all parts properly identified? (NRS 451.665) If remains are in a container, the identification must be on the exterior of the container.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the location cremates parts from amputations, does the location have a cremation authorization form signed by the living person from whom the remains have been removed? (NRS 451.660)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the location cremate body parts brought in from out of state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the location cremates body parts brought in from out of state, are permits obtained in Nevada prior to the cremation? (NRS 440.550)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Cremation Authorization Form (NRS 451.660)</b>		
<b>This may be reviewed as part of establishment inspection and/or crematory inspection.</b>		
Review written authorization form to ensure that it contains the following information:		
Does the form identify the deceased person? (NRS 451.660)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it contain a statement of whether death occurred from communicable or otherwise dangerous disease? (NRS 451.660)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it list the name and address of agent? (NRS 451.660)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it list agent's relationship to decedent? (NRS 451.660)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it contain representation that agent is not aware of any objection to cremation by any person who has a right to control the disposition of remains? (NRS 451.660)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it list the name of person authorized to claim cremated remains or the name of the cemetery or person to whom the remains are to be sent? (NRS 451.660)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Maintenance of Records</b>		
Is the crematory maintaining records for at least 7 years? (NAC 451.200)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the crematory keep a record of each authorization received? (NRS 451.665)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the crematory keep a record of the name of each person whose human remains are received? (NRS 451.665)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the crematory keep a record of the date and time of receipt of remains? (NRS 451.665)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the crematory keep a record of the description of the container in which the remains are received? (NRS 451.665)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the crematory keep a record of the date of cremation? (NRS 451.665)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the crematory keep a record of the final disposition of the cremated remains? (NRS 451.665)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do records generally appear to be in good order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If records are not kept on-site, location where records are stored::		

<b>Notes:</b>

**Crematory Inspection Checklist**

<b>Delivery and Transportation of Cremated Remains</b>		
Does the crematory keep a record of receipts for delivery of cremated remains? (NRS 451.690)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do receipts for delivery of cremated remains contain the name of the person receiving the remains? (NRS 451.690)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do receipts for delivery of cremated remains contain the date, time and place of receipt of the remains? (NRS 451.690)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are temporary urns used to deliver cremated remains placed in suitable containers? (NRS 451.690)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are temporary urns marked with the name of the person it contains? (NRS 451.690)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are temporary urns marked with the name of the operator of the crematory? (NRS 451.690)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>General Notes or Comments:</b>

<b>Inspection Information</b>	
Date of Inspection	Time of Inspection:
Type of Inspection:	
Name of Inspector:	Signature of Inspector:
Does it appear that any items may need to be reported to local or state health authorities, OSHA, or the Federal Trade Commission?	
Signature and Name of Agency Representative at Time of Inspection:	