



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

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## Direct Cremation Facility 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, and is required to make unannounced inspections of each location issued a permit by the Board.

### 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 location::

Type of ownership:

Sole Proprietorship

Corporation

Limited Liability Company (LLC)

Partnership

Name of Funeral Director who will manage this location:

FD License #:

### Licenses

Permit with name of owner displayed conspicuously? (NRS 642.465)

Yes

No

Are all individuals meeting with families to make arrangements are properly licensed?  
(NRS 642.361)

Yes

No

Funeral directors' and funeral arrangers' licenses displayed conspicuously? (NRS 642.460)

Yes

No

Does the location sell pre-need funeral arrangements?

Yes

No

If yes, are they properly licensed with the Division of Insurance? (NRS 689)

Yes

No

List names and license numbers of all licensees working at the location:

**Name**

**License Number**

**Direct Cremation Facility Inspection Checklist**

Advertising		
Does the location advertise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Types of advertising:		
For any viewed advertising, does it appear that everything is fairly and accurately represented? (NRS 642.490)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does advertising and signage specify that the facility is limited to providing direct cremation services? (NRS 451.5172)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Price List (GPL)		
Does establishment have a supply of the GPL readily available? NRS 642.019, 16 CFR 453.3(b)(4)(i)(A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the establishment kept a copy of the GPL, CPL, OBCPL and SFGSS for one year after the date of their last distribution to customers? NRS 642.019, 16 CFR 453.6	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the GPL contain the name, address, and phone number of the establishment? NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the GPL contain the caption "General Price List"? NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the GPL list the effective date? NRS 642.019, 16 CFR 453.2 (b)(4)(i)(C)(3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the GPL include the retail prices for all items listed below? NRS 642.019, 16 CFR 453.2 (b)(4)(ii)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Forwarding remains to another funeral home	Y	N	Separate prices for each direct cremation offered including an alternative container	Y	N
Receiving remains from another funeral home	Y	N	Transfer of remains	Y	N
Price range for direct cremations	Y	N	Price range for caskets or individual prices for caskets	Y	N
Separate price for direct cremations; purchaser provides container	Y	N	Funeral director and staff services fees	Y	N

Notes:

General Price List Disclosures		
Is the following disclosure included in immediate conjunction with the price range shown for direct cremations? NRS 642.019, 16 CFR 453.3(b)(2) <i>"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)."</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the following disclosure included immediately above the prices contained in the GPL? NRS 642.019, 16 CFR 453.4(b)(2)(a) <i>"The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. <b>However, any funeral arrangements you select will include a charge for basic services and overhead.</b> 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."</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<p>If the location lists a separate basic services fee that is non-declinable, is the following disclosure included together with that price? NRS 642.019 16 CFR 453.2(4)(iii)(C)(1) <i>"This fee for our basic services 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."</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If the location only states the range of prices for the caskets on the GPL, is the following disclosure included with the price range? NRS 642.019, 16 CFR 453.2(4)(iii)(A)(1) <i>"A complete price list will be provided at the funeral home"</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Itemized Statement of Funeral Goods and Services</b>		
<p>Does the location provide an itemized written statement for retention to the purchaser at the conclusion of discussion of arrangements which contains the funeral goods and funeral services selected and the prices to be paid for each item? NRS 642.019, 16 CFR 453.2(b)(5)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Does the statement specifically itemize cash advance items to the extent known? NRS 642.019, 16 CFR 453.2(b)(5)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Does the statement contain the total cost of the goods and services selected? NRS 642.019, 16 CFR 453.2(b)(5)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Does the statement of funeral goods and services identify and briefly describe in writing any legal, cemetery, or crematory requirement which the funeral provider represents to persons as compelling the purchase of funeral goods and services for the funeral which that person is arranging? NRS 642.019, 16 CFR 453.3(d)(2)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Itemized Statement of Funeral Goods and Services Disclosures</b>		
<p>Is the following disclosure included in immediate conjunction with the list of itemized cash advances? NRS 642.019, 16 CFR 453.3(f)(2) <i>"We charge you for our service in obtaining: (specify cash advance items)."</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Is the following disclosure included in the statement of funeral goods and services selected? NRS 642.019, 16 CFR 453.4(a)(2)(i)(A) <i>"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."</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Casket Price List</b>		
<p>Does the location provide a casket price list? NRS 642.019, 16 CFR 453.2(b)(2) (If prices of all caskets are listed on the GPL, this item is not required)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Does the casket price list contain the name of the location and a caption describing the list as a "casket price list"? NRS 642.019, 16 CFR 453.2(b)(2)(ii)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Does the casket price list contain the retail prices of all caskets and alternative containers offered which do not require special ordering, enough information to identify each, and the effective date for the price list? NRS 642.019, 16 CFR 453.2(b)(2)(i)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Notes:</b>

**Direct Cremation Facility Inspection Checklist**

<b>Facility Forms and Records</b>		
Is facility maintaining records for at least 7 years? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are completed statements of funeral goods and services signed by the licensee who made the arrangements? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do completed statements of funeral goods and services contain the license number of the individual who made the arrangements? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide rites or ceremonies in connection with the final disposition of the remains? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide facilities to conduct rites or ceremonies in connection with the final disposition of the remains? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide embalming of human remains? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide burial services? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the facility provide a disclosure stating that the direct cremation facility is unable to provide for a viewing of the remains other than an identification viewing? (R067-15)	<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 remains are not stored or cremated at this location, do forms advise consumer of the location where remains will be stored or cremated? (R067-15)	<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)		

<b>General Location Management</b>		
Is the approved managing funeral director on-site for inspection? (Not required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is the approved managing funeral director on-site to manage location?		
Is the managing funeral director available to staff for supervision? NRS 642.345(3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the managing funeral director live within 120 miles of the location? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the managing funeral director manage no more than 3 locations? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the managing funeral director manages more than one location are they within 120 miles of each other? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it appear that the location is being maintained in a sanitary and professional manner? (R067-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Notes:</b>

**Direct Cremation Facility Inspection Checklist****Body Donation Information**

Does the facility work with any 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

**Crematory Information**

Does the facility have an on-site crematory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, where are bodies from the facility cremated?		

**Unclaimed Veterans**

Has the location reviewed all stored cremated remains to determine whether they are in possession of any veterans? NRS 642.0197	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the location reported all unclaimed remains of any veterans to the Department of Veterans Services within 1 year? This includes families who have never returned to claim the cremated remains. NRS 642.0197	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Regulatory Fees**

Is the location in compliance with submission of regulatory fees pursuant to NRS 642.0696?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the fees submitted generally correspond to the number of burial permits or death records obtained through the Office of Vital Records? NRS 642.0696	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In not, request information on how those fees are reported.		

**General Notes or Comments:**

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**Inspection Information**

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:	