



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

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## Funeral Establishment 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 establishment 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 approved to manage this location:

FD License #:

Does the establishment have an on-site crematory?

Yes

No

If not, where are bodies from the establishment cremated?

### Licenses

Establishment permit with name of owner displayed conspicuously? (NRS 642.465)

Yes

No

Funeral directors' licenses displayed conspicuously? (NRS 642.460)

Yes

No

Funeral arrangers' licenses displayed conspicuously? (NRS 642.460)

Yes

No

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

Yes

No

Does the location employ or contract with a licensed embalmer? (NAC 642.161)

Yes

No

Embalmers' licenses displayed conspicuously? (NRS 642.110)

Yes

No

Apprentice embalmer certificates of registration displayed conspicuously? (NRS 642.280)

Yes

No

Does the establishment sell, solicit, negotiate, or is a party to any pre-need contract or provide pre-need services and are they licensed with Division of Insurance? (NRS 689)

Yes

No

**Funeral Establishment Inspection Checklist**

List names and license numbers of all licensees working at the location:	
<b>Name</b>	<b>License Number</b>

**Preparation Room**

Does the establishment have a preparation room? (NRS 642.016)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there proper signage and locking doors to prevent unauthorized persons from entering preparation room? (NRS 642.560)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the floor sanitary? (NRS 642.016)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there necessary drainage? (NRS 642.016)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there proper ventilation in working order? (NRS 642.016)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are fumes and odors prevented from entering other parts of the building? (NRS 642.016)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this preparation room utilized by the establishment? If not, where are the bodies prepared/embalmed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the establishment properly store and dispose of hazardous/medical waste? (NRS 444.490, 29 CFR 1910.1030)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If this preparation room is utilized for embalming, are the instruments and supplies necessary for the preparation and embalming of human bodies on site? (NRS 642.016)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Injection Tubes	Y	N	Disinfectant	Y	N			Suture Thread	Y	N	
Aneurysm Hook	Y	N	Large Trocar	Y	N	Small Trocar	Y	N	Suture Needles	Y	N
Scalpel	Y	N	Scissors	Y	N	Hemostats	Y	N	Forceps	Y	N
Hypodermic syringe	Y	N	Aspirator	Y	N	Hypodermic Needles	Y	N	Cosmetics	Y	N
Embalming Machine	Y	N	Hardening Compound	Y	N	Headrest	Y	N	Powder Brush	Y	N
Restorative Wax	Y	N	Shaving Material	Y	N	Sheets/Body Bags	Y	N	Application Brush	Y	N
Covered Waste Can	Y	N	First Aid Kit	Y	N	Eye Wash Station	Y	N	Soap	Y	N

**Notes:**

**Human Remains**

Are human remains stored at this location? If not, list permitted location where bodies are stored:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Funeral Establishment Inspection Checklist

Are remains being embalmed or refrigerated 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 or buried within a reasonable amount of time? (NRS 451.020)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please make notes below for any reasons given by staff.		

## General Establishment Management

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 establishment?		
Is the managing funeral director available to staff for supervision? (NRS 642.345)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the managing funeral director live within 120 miles of the location? (NAC 642.116)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the managing funeral director manage more than three locations? (NAC 642.116)	<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? (NAC 642.116)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it appear that the location is being maintained in a professional and sanitary manner? (NAC 642.158)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the location have a blood borne pathogen exposure control plan and do they update the plan annually? (29 CFR 1910.1030)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all employees with potential exposure been provided blood borne pathogen training annually? (29 CFR 1910.1030)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all employees with potential exposure been offered a hepatitis B vaccination? (29 CFR 1910.1030)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Establishment Forms and Records

Is the establishment maintaining records for at least 7 years? (NAC 451.200)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are completed statements of funeral goods and services signed by the licensee who made the arrangements? (NAC 642.152)	<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? (NAC 642.152)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are embalming reports being completed for each decedent after embalming? (NAC 642.168)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the embalming reports include the time period between death and embalming? (NAC 642.168)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the embalming reports include the procedures used to embalm the remains? (NAC 642.168)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the embalming reports include the signature of the embalmer or apprentice embalmer who embalmed the remains? (NAC 642.168)	<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? (NAC 642.154)	<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

**Funeral Establishment Inspection Checklist**

<b>Casket Inventory</b>		
Does the establishment have a display room containing an inventory of funeral caskets? Internet or catalogue display fulfills this requirement. (NRS 642.016, NAC 642.030)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the prices of displayed caskets conform to the casket price list? (16 CFR 453.2(a)(b))	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Casket Price List</b>		
Does the establishment provide a casket price list? (If prices of all caskets are listed on the GPL, this item is not required) (NRS 642.019, 16 CFR 453.2(b)(2))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the casket price list contain the name of the funeral establishment and a caption describing the list as a "casket price list"? (NRS 642.019, 16 CFR 453.2(b)(2)(ii))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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))	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>General Price List (GPL)</b>		
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	Transfer of remains to the funeral home	Y	N
Receiving remains from another funeral home	Y	N	Embalming	Y	N
Price range for direct cremations	Y	N	Other preparation of the body	Y	N
Separate price for direct cremations; purchaser provides container	Y	N	Use of facilities and staff for viewing	Y	N
Separate prices for each direct cremation offered including an alternative container	Y	N	Use of facilities and staff for memorial service	Y	N
Price range for immediate burials	Y	N	Use of equipment and staff for graveside service	Y	N
Separate price for immediate burial where purchaser provides the casket	Y	N	Hearse	Y	N
Separate price for each immediate burial offered including a casket or alternative container	Y	N	Limousine	Y	N
Price range for caskets or individual prices for caskets	Y	N	Price range for outer burial containers or the prices of individual outer burial containers	Y	N
Funeral director and staff services fees	Y	N		Y	N

Funeral Establishment Inspection Checklist

General Price List Disclosures		
Is the following disclosure included in immediate conjunction with the price shown for embalming? <i>"[Except in certain special cases], embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial."</i> (NRS 642.019, 16 CFR 453.3(2)(ii))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the following disclosure included in immediate conjunction with the price range shown for direct cremations? <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> (NRS 642.019, 16 CFR 453.3(b)(2))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the prices of outer burial containers are listed on the general price list, is the following disclosure included in immediate conjunction with those prices? <i>"[In most areas of the country], [S]tate or local law does not require that you buy a container to surround the casket in the grave. However, many cemeteries require that you have such a container so that the grave will not sink in. Either a grave liner or a burial vault will satisfy these requirements."</i> (NRS 642.019, 16 CFR 453.3(c)(2))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the following disclosure included immediately above the prices contained in the GPL? <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> (NRS 642.019, 16 CFR 453.4(b)(2)(a))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the establishment lists a separate basic services fee that is non-declinable, is the following disclosure included together with that price? <i>"This fee for our basic services [and overhead] 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> (NRS 642.019 16 CFR 453.2(4)(iii)(C)(1))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the funeral establishment only states the range of prices for the caskets on the GPL, is the following disclosure included with the price range? <i>"A complete price list will be provided at the funeral home"</i> (NRS 642.019, 16 CFR 453.2(4)(iii)(A)(1))	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Itemized Statement of Funeral Goods and Services		
Does the establishment 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))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the statement specifically itemize cash advance items to the extent known? (NRS 642.019, 16 CFR 453.2(b)(5))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the statement contain the total cost of the goods and services selected? (NRS 642.019, 16 CFR 453.2(b)(5))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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))	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Notes:**

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**Funeral Establishment Inspection Checklist**

<b>Itemized Statement of Funeral Goods and Services Disclosures</b>		
Is the following disclosure included in immediate conjunction with the list of itemized cash advances? <i>"We charge you for our service in obtaining: (specify cash advance items)."</i> (NRS 642.019, 16 CFR 453.3(f)(2))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the following disclosure included in the statement of funeral goods and services selected? <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> (NRS 642.019, 16 CFR 453.4(a)(2)(i)(A))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the following disclosure included in the statement of funeral goods and services selected? <i>"If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below."</i> (NRS 642.019, 16 CFR 453.5(b))	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Outer Burial Container Price List</b>		
Does the establishment provide an outer burial container price list? (If prices of all outer burial containers are listed on the GPL, this item is not required) (NRS 642.019, 16 CFR 453.2(b)(3))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the outer burial container price list contain the name of the funeral establishment and a caption describing the list as a "outer burial container price list"? (NRS 642.019, 16 CFR 453.2(b)(3)(ii))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the outer burial container price list contain the retail prices of all outer burial 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)(3)(i))	<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>		
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>Advertising</b>		
Does the establishment advertise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For any viewed advertising, does it appear that everything is fairly and accurately represented? (NRS 642.5172)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Notes:</b>

**Funeral Establishment Inspection Checklist**

Body Donation Information		
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

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? (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?  If not, request information on how those fees are reported. (NRS 642.0696)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Notes or Comments:

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:	