ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. Adams Street, Suite 4600, Phoenix, AZ 85007 Phone (602) 364-1738 ♦ FAX (602) 364-1039 <u>VETBOARD.AZ.GOV</u>

ANIMAL CREMATORY INSPECTION REPORT

Animal Crematory Name: _			A.C. #:				
Animal Crematory Address	:			City	/ :	Zip:	
Mailing Address:State:	7	Zip:		City:			
Telephone: ()							
Responsible Owner:							
Crematory Operator(s):							
		REASO	N FOR INSPE	ECTION			
New Animal Crematory	Ne	w Respons	ible Owner	Address Ch	ange	Other:	
Scope of Service Change		Compl	aint	Randon	n		
		SER	VICES OFFE	RED			
Communal Cremation (Remains from multiple animals are i cremation chamber without any for separation or identification during cremation process)	m of	Individual Cremation (Remains of each animal are separate placed in a mapped location in the cre chamber during the cremation process.)		re separated and on in the cremation		portation of sharps	Other:
Private Cremation (Remains of only one animal are place the cremation chamber)	only one animal are placed in		Private /Public Viewing			ge of sharps	
<u>DELIV</u>	ERY (OF ANIMA	AL REMAINS	ACCEPTED (R	<u>3-11-1006)</u>		
(A) AZ Licensed Veterinarian			` '	al Shelter or e Society	(C) Owner of the Animal		mal
(D) Individual or Entity with whom crematory has contract for collection, pick-up, or delivery service.			igent of a (A),), or (D)	corpor	County, city or ation authorize dead animal	d to	
Scale available?							

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CARE & SECURITY OF ANIMAL CREMATORY

Are the doors & window of the crematory (retort) and area where remains are stored secure to prevent access from unauthorized individuals?	R3-11-1005(8)(b)	Yes	No
2. Is the retort shielded from public view?	R3-11-1005(4)	Yes	No

STORAGE OF REMAINS

3. There is a storage facility that chills remains to at least 40°F?	R3-11-1005(8)(a)	Yes	No
4. The storage method and area preserves the dignity of the animal remains?	R3-11-1005(8)(c)	Yes	No
5. How long are remains stored that cannot be cremated immediately? (limit 30 days)	R3-11-1006(2)		days
6. Remains for individual and private cremations are stored and/or labeled in a manner so that they are not combined with communal remains.	R3-11-1006(3)	Yes	No

<u>RETORT</u>

7. DESCRIPTION OF UNIT(S)						
	MAKE	MODEL #	YEAR OF	YEAR INSTALLED		
			MANUFACTURE			
UNIT 1						
UNIT 2						
UNIT 3						

8. Is the retort completely installed?	R3-11-1005(5)	Yes	No
9. (a) If inside a building, is it vented to the outside of the	R3-11-	Yes	No
building?	1005(6)(a)&(b)		
(b) Adequate exhaust to prevent heat build-up?		Yes	No
10. Does the cremation chamber receive fresh air to aid	R3-11-1005(7)	Yes	No
combustion?			

11. CONDITION OF UNIT(S) (m	nust be o	off at time inspected)		
R3-11-1005 and 1006		UNIT 1	UNIT 2	UNIT 3
Interior Floor				
Interior Walls				
Inside of Doors				
Door Operation				
Door Seal				
Temperature Gauge				
Time Indicator				
Exterior Unit Body				
Machinery (rear)				
Stack Condition				
Hot Air Venting	·			
Fuel Source Equipment				

12. Are animal remains submitted for individual or private cremation	Yes	No	
cremated appropriately (i.e. mapped or done alone?)			

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RETORT MAINTENANCE

13. Name of company/person performing maintenance	R3-11-1006(6)(a)	
14. Date of last maintenance service	R3-11-1006(6)(a)	
15. Is it clean around the units? a. Floors b. Ceiling c. Walls d. Work areas	R3-11-1006(6)(a)	

PROCESSING EQUIPMENT (R3-11-1006(6)(a) and R3-11-1005(9))

Description: Make	Model	_ Year c	of Manufact	ure	
16. Condition of processor:		Good	Average	Poor	N/A
17. Type of container used for processing	g cremated remains:				
18. Location of processing area:					
Is there a ventilating system for oper	rator (dust control)?	Yes	No		
19. Tools available? In good condition?	?	Yes	No		
		Yes	No		
20. What types of tools are available?					
21. Cleanliness in processing area? a. Floor b. Ceiling c. Walls d. Work areas		R3-11-1	006(6)(a)	Yes	No
e Fauinment					

SAFETY EQUIPMENT (R3-11-1006)

22. Are there masks for each operator?	Yes	No
Type of masks?		
23. Heat Gear available?		
a. Gloves	Yes	No
b. Apron	Yes	No
c. Arm protection	Yes	No
d. Complete heat suiting	Yes	No
e. Face protection	Yes	No
24. Sink available for hand washing?	Yes	No
25. Fire extinguisher for use on all types of fires?	Yes	No
26. First Aid kit available?	Yes	No
27. Stack particulate light in working order?	Yes	No

OPERATION MANUALS & OPERATOR TRAINING

28. Operation manuals for operators and SOPs manual for specific retort available & easily accessible? Emergency shutdown procedures easily accessible?	R3-11- 1006(8)	Yes Yes	No No	

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29. Verification operator received training in safe and proper operation of the crematory:				
	Training complete?/ Year?			
a. Name of Operator #1:				
b. Name of Operator #2:				
c. Name of Operator #3:				
d. Name of Operator #4:				
e. Name of Operator #5:				

RECORDKEEPING REQUIREMENTS

30. Written procedures are available that address the following:			
R3-11-1007(A)			
1) How identification of remains occurs from receipt to release	Yes	No	
2) How cremation authorization is obtained (obtain copy of form)	Yes	No	
3) Chamber loading and unloading procedures	Yes	No	
4) Cremated remains processing procedures	Yes	No	
5) How are remains disposed of? (communal)	Yes	No	
6) How records are completed and maintained for 3 years	Yes	No	
*) How ID number is used (if applicable)	Yes	No	

31.	. What is the method for recording all cremations?
32.	. What is the method in place to maintain proper identification throughout the entire cremation process? R3-11-1007(A)(1)
	. Are there contracts with transporting services to collect/pick up/deliver remains? Does the contract quire the service to inform the authorizing agent, in writing, of the name of the animal crematory that will

do the cremation? YES NO Are contracts kept for 2 years after expiration? YES NO R3-11-1008(B)

List of contracted transporters:

34. CREMATION RECORDS:			
Are copies of records provided to client or authorizing agent upon request?	R3-11-1008(E)	Yes	No
Do they contain all of th	e following?		
a. Owner's last name	R3-11-1008(A)(1)(a)	Yes	No
b. Animal's name	D2 11 1000(A)(1)(b)	Yes	No
c. Description and weight of animal	R3-11-1008(A)(1)(b)	Yes	No
-	R3-11-1008(A)(1)(c)		
d. From whom/where was the animal received?	R3-11-1008(A)(1)(d)	Yes	No
e. Authorization signed	R3-11-1008(A)(1)(e)		
-	, , , , ,	Yes	No
f. Date of cremation and which retort it occurred	R3-11-1008(A)(1)(f)	Yes	No
g. Date and manner of disposition of cremated remains			
	R3-11-1008(A)(1)(g)	Yes	No

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COMMUNAL CREMATIONS	R3-11-1008(A)(2)		
a. From whom the animals were received			
	R3-11-1008(A)(2)(a)	Yes	No
b. Number of animals and estimated total weight	R3-11-1008(A)(2)(b)	Yes	No
c. Names of animal owners (if known)	R3-11-1008(A)(2)(c)	Yes	No
d. Names of animals (if known)	R3-11-1008(A)(2)(d)	Yes	No
e. Authorization signed	R3-11-1008(A)(2)(e)	Yes	No
f. Date of cremation and in which retort it occurred	R3-11-1008(A)(2)(f)	Yes	No
g. Date and manner of disposition of cremated remains	R3-11-1008(A)(2)(g)	Yes	No

LABELS ON CREMAINS

35. If remains are submitted for individual or private cremation:				
Do the labels on the remains co	ntainer contain all of the followin	gş.		
a. Name of the crematory	R3-11-1006(3)(d)(i)	Yes	No	
b. Name of the animal	R3-11-1006(3)(d)(ii)	Yes	No	
c. Date of cremation	R3-11-1006(3)(d)(iii)	Yes	No	

EQUIPMENT

36. A responsible owner shall ensure that equipment and supplies are available at the animal crematory of an adequate number and type to conduct cremations in a manner that protects the health and safety of crematory employees and the public.	R3-11-1005(9)	Responsible Owner Initials
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AC #:		

Arizona State Veterinary Medical Examining Board ANIMAL CREMATORY INSPECTION RESULTS

Applicable Administrative Rule or AZ Statute	POTENTIAL VIOLATIONS
The undersigned	was given a copy of the inspection results and the compliance inspector discussed the inspection results with the undersigned.
Inspector:	Date:
Veterinarian/age	nt: Date:
	••••••
PLEASE SEND YOU B'	IR WRITTEN PLAN FOR CORRECTING THE ABOVE REFERENCED ITEMS TO OUR OFFICE Y FOR THE BOARD MEETING ON
	You may mail, fax, or email this information to the Board's Office at:
	ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD 1740 W. Adams Street, Suite 4600, Phoenix, AZ 85007 Phone (602) 364-1738 • FAX (602) 364-1039 www.vetboard.az.gov
Todd.Mannon@ve	tboard.az.gov Annelise.VanSchoelandt@vetboard.az.gov Victoria.Whitmore@vetboard.az.gov
Ins	spection criteria is generalized and not all aspects or requirements may be

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required for the scope of the practice you provide.