

# ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258

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VETBOARD.AZ.GOV

## ANIMAL CREMATORY PREMISE INSPECTION REPORT

Animal Crematory Name: \_\_\_\_\_ A.C. #: \_\_\_\_\_

Animal Crematory Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Business Hours: \_\_\_\_\_

Responsible Owner: \_\_\_\_\_

Crematory Operator(s): \_\_\_\_\_

### REASON FOR INSPECTION

New Animal Crematory	New Responsible Owner	Address Change	Other:
Scope of Service Change	Complaint	Random	

### SERVICES OFFERED

<b>Communal Cremation</b> <small>(Remains from multiple animals are in the cremation chamber without any form of separation or identification during the cremation process)</small>	<b>Individual Cremation</b> <small>(Remains of each animal are separated and placed in a mapped location in the cremation chamber during the cremation procedure)</small>	<b>Transportation of sharps</b>	<b>Other:</b>
<b>Private Cremation</b> <small>(Remains of only one animal are placed in the cremation chamber)</small>	<b>Private /Public Viewing</b>	<b>Storage of sharps</b>	

### DELIVERY OF ANIMAL REMAINS ACCEPTED (R3-11-1006)

(A) AZ Licensed Veterinarian	(B) Animal Shelter or Humane Society	(C) Owner of the Animal
(D) Individual or Entity with whom crematory has contract for collection, pick-up, or delivery service.	Authorized agent of a (A), (B), (C), or (D)	State, County, city or other corporation authorized to remove dead animals.

Scale available?

## CARE & SECURITY OF ANIMAL CREMATORY

1. 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

### RETORT

7. DESCRIPTION OF UNIT(S)				
	MAKE	MODEL #	YEAR OF MANUFACTURE	YEAR INSTALLED
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 building?	R3-11-1005(6)(a)&(b)	Yes	No
(b) Adequate exhaust to prevent heat build-up?		Yes	No
10. Does the cremation chamber receive fresh air to aid combustion?	R3-11-1005(7)	Yes	No

11. CONDITION OF UNIT(S) (must be 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 cremated appropriately (i.e. mapped or done alone?)	Yes	No
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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)

Description: Make \_\_\_\_\_ Model \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

16. Condition of processor:	Good	Average	Poor	N/A
17. Type of container used for processing cremated remains:				
18. Location of processing area: Is there a ventilating system for operator (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 e. Equipment	R3-11-1006(6)(a)	Yes	No	

## SAFETY EQUIPMENT (R3-11-1006)

22. Are there masks for each operator? Type of masks?	Yes	No
23. Heat Gear available? a. Gloves b. Apron c. Arm protection d. Complete heat suiting e. Face protection	Yes	No
	Yes	No
	Yes	No
	Yes	No
	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 shut-down procedures easily accessible?	R3-11-1006(8)	Yes	No
		Yes	No

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. <u>Written procedures</u> 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)
33. Are there contracts with transporting services to collect/pick up/deliver remains? Does the contract require the service to inform the authorizing agent, in writing, of the name of the animal crematory that will do the cremation? <b>YES NO</b> Are contracts kept for 2 years after expiration? <b>YES NO</b> R3-11-1008(B)
List of contracted transporters:

34. <b>CREMATION RECORDS:</b>			
Are copies of records provided to client or authorizing agent upon request?	R3-11-1008(E)	Yes	No
Do they contain all of the following?			
a. Owner's last name	R3-11-1008(A)(1)(a)	Yes	No
b. Animal's name	R3-11-1008(A)(1)(b)	Yes	No
c. Description and weight of animal	R3-11-1008(A)(1)(c)	Yes	No
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

<b>COMMUNAL CREMATIONS</b>		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 container contain all of the following?				
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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Arizona State Veterinary Medical Examining Board  
**ANIMAL CREMATORY INSPECTION RESULTS**

AC #:

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/agent: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEND YOUR WRITTEN PLAN FOR CORRECTING THE ABOVE REFERENCED ITEMS TO OUR OFFICE  
BY \_\_\_\_\_ FOR THE BOARD MEETING ON \_\_\_\_\_.**

**You may mail, fax, or email this information to the Board's Office at:**

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*Inspection criteria is generalized and not all aspects or requirements may be required for the scope of the practice you provide.*