

# ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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

PHONE (602) 364-1738 ♦ FAX (602) 364-1039

[WWW.VETBOARD.AZ.GOV](http://WWW.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

<b>New Animal Crematory</b>	<b>New Responsible Owner</b>	<b>Address Change</b>	<b>Other:</b>
<b>Scope of Service Change</b>	<b>Complaint</b>	<b>Random</b>	

### 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)			
	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
--	-----	----

## 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

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

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
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:		
a) How identification of remains occurs from receipt to release	Yes	No
b) How cremation authorization is obtained (obtain copy of form)	Yes	No
c) Chamber loading and unloading procedures	Yes	No
d) Cremated remains processing procedures	Yes	No
e) How are remains disposed of? (communal)	Yes	No
f) How records are completed and maintained	Yes	No
g) 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?
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? YES NO Are contracts kept for 2 years after expiration? YES NO

34. <b>CREMATION RECORDS:</b>		
Do they contain all of the following?		
<b>INDIVIDUAL OR PRIVATE CREMATIONS</b>	R3-11-2008(A)(1)	
a. Owner's last name		Yes No
b. Animal's name		Yes No
c. Description and weight of animal		Yes No
d. From whom/where was the animal received?		Yes No
e. Authorization signed		Yes No
f. Date of cremation and which retort it occurred		Yes No
g. Date and manner of disposition of cremated remains		Yes No
<b>COMMUNAL CREMATIONS</b>	R3-11-1008(A)(2)	
a. From whom the animals were received		Yes No
b. Number of animals and estimated total weight		Yes No
c. Names of animal owners (if known)		Yes No
d. Names of animals (if known)		Yes No

e. Authorization signed		Yes	No
f. Date of cremation and in which retort it occurred		Yes	No
g. Date and manner of disposition of cremated remains		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(10)	Responsible Owner Initials
--	----------------	-------------------------------

