

Mortuary – Audit Tool Public Health (Disposal of Bodies) Regulation 2002 – Part 2 Facilities

Council: _____

A MORTUARY PREMISES DETAILS:

Premises Name: _____

Address: _____ Suburb: _____ Postcode: _____

Owner Name: _____ Occupier Name: _____

Council Approval Identification Details: _____

Health Registration Number: _____ Registration details complete? Yes No

Registration details match with Council approval? Yes No

B AUDIT DETAILS

1. Premises generally (Clause 5)

- Only approved mortuary being used for body preparation? (1) Yes No
- Only approved mortuary being used for body storage? (2) Yes No
- Bodies not stored in a vehicle? (3) Yes No
- Holding room being used for body storage only? (4) Yes No
- Bodies not stored at a hospital? (5) Yes No

2. Facilities for Body Preparation Rooms (Clause 6)

- Vehicle reception area adjacent to body preparation room? (1)(a) Yes No
- Vehicle reception area screen from public view? (1)(a) Yes No
- Hand wash basin with adequate hot and cold water and hands free operation? (1)(b) Yes No
- Sufficient slabs, tables and fittings? Yes No
- Slabs, tables and fittings impervious and drained for cleaning? (1)(c) Yes No
- Refrigerated body storage facilities for at least two adults? (1)(d) Yes No
- Temperature: _____ ° C. Less than 5 °C? Yes No
- Impervious containers with lids; hands free operation for solid wastes? (1)(e) Yes No
- Only bodies stored in body refrigerator? (2) Yes No

3. Waste Disposal (Clause 7)

- Solid waste disposed as contaminated (clinical) waste? Yes No

• Wastes observed in container: _____

- Name of clinical waste contractor: _____

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4. Vehicles (Clause 8)

- Hearse: Make, model and registration _____ (1)(a) Yes No
- Collection vehicle: Make, model & registration _____ (1)(b) Yes No
- Mortuary transport service or freight carrier? (2) Yes No
- Bodies placed only in vehicle body area? (3) Yes No
- Vehicle body area not used for other purposes? (4) Yes No
- Vehicle clean of exudates? (5) Yes No
- Un-embalmed bodies transported less than 8 hours? (7) Yes No
- Body bags supplied in vehicle? (Cl 13)
No Yes
- Protective clothing in vehicle? (Cl 14) Yes No

5. Mortuary Register of Body Preparation (Clause 18)

- Register sighted? (1) Yes No
- Entries complete for disposed bodies? (3) Yes No
- Entries reconciled with each body prepared? (2 & 3) Yes No

6. Retention of Bodies (Clause 10)

- All bodies held in a mortuary or holding room? (1) Yes No
- All bodies kept under refrigeration? (2) Yes No
- Reason for any body not in refrigeration? (3)

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- All un-embalmed bodies being kept less than 7 working days after certificate?(4) Yes No

7. Embalming of Bodies (Clause 11 & 12)

- Any embalmed bodies on premises? (*) Yes No
- Name and qualification of embalmer? (11,1) Qualification approved? Yes No

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- Any body with List B disease embalmed? (11,2) Yes No
 - Any body with List A disease pierced by unqualified person? (12) Yes No

8. Body Bags (Clause 13)

- All bodies in body bags and identified? (1) Yes No

C RECOMMENDATIONS:

D ACTION TAKEN

Environmental Health Officer: _____ Signature: _____

Date: ___ / ___ / ___

(*) = Not a legislative requirement

NB: Yes = compliance No = breach
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