

Mortuary – Audit Tool

*Local Government (General) Regulation 2005,
Schedule 2, Part 4*

Council: _____

A MORTUARY PREMISES DETAILS:

Premises Name: _____

Address: _____ Suburb: _____ Postcode: _____

Owner Name: _____ Occupier Name: _____

Health Registration Number: _____ Registration details complete? Yes No

B AUDIT DETAILS

1. Water Supply and Sewerage (Clause 14)

- Connected to permanent reticulated water supply? (1) Yes No
- Backflow prevention device fitted? (2) Yes No
- Connected to reticulated sewer? (3) Yes No

2. Closet and Ablution Facilities (Clause 15)

- Separate WCs at the rate of 1:20 employees of each sex? (1)(a) Yes No
- Shower facilities with hot and cold water available? (1)(b) Yes No
- Hand wash basin adjacent to each WC with hot and cold water? (1)(c) Yes No
- Air lock between sanitary facilities and remainder of mortuary? (2) Yes No

3. Construction (Clause 16)

- Physical separation of mortuary from remainder of the building? (1) Yes No
- Body preparation room capable of being sealed off? (2) Yes No
- Body preparation room:
 - Floor area $\geq 9.3 \text{ m}^2$? (3)(a) Yes No
 - Ceiling height $\geq 2.4 \text{ m}$ above finished floor? (3)(b) Yes No
 - Floor of impervious material, unbroken, graded and drained? (3)(c) Yes No
 - Floor drain screen fitted? (3)(d) Yes No
 - Walls and partitions impervious and capable of being cleaned? (3)(e) Yes No
 - All joints sealed with impervious material to facilitate cleaning? (3)(f) Yes No
 - All joints cover to 75 mm? (3)(g) Yes No
 - External windows fitted with fly proof screens? (3)(h) Yes No
 - External doors fitted with self closing fly screen doors? (3)(i) Yes No
- If constructed after 1 July 1993, walls and partitions of brick or masonry? (4) Yes No

Mortuary – Audit Tool
Local Government (General) Regulation 2005,
Schedule 2, Part 4

C RECOMMENDATIONS:

D ACTION TAKEN

Environmental Health Officer: _____ Signature: _____

Date: ___ / ___ / ___

NB: Yes = compliance

No = breach