

**Mortuary – Schedule 4 Inspection Checklist**  
**Local Government (General) Regulation 2005,**  
**Schedule 2, Part 4**



Council: \_\_\_\_\_

Public Health Unit: \_\_\_\_\_

**A MORTUARY PREMISES DETAILS:**

Premises Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Occupier Name: \_\_\_\_\_

Council Development Approval Details: \_\_\_\_\_

NSW Health Registration Number: \_\_\_\_\_ Registration details complete?  Yes  No

NSW Health Registration details match with Council approval?  Yes  No

**B INSPECTION 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

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**C RECOMMENDATIONS:**

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**D ACTION TAKEN**

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Environmental Health Officer: \_\_\_\_\_ Signature: \_\_\_\_\_

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

PHU Informed:         Yes  No

**NB:**      Yes = compliance

No = breach