



Clinical Site: _____

Address: _____

Date of site visit: _____ Method of visit: In-Person Virtual

Name of person conducting inspection visit: _____

Other person(s) present for inspection visit: _____

LICENSES:

Current establishment license(s) posted? Yes No

Current individual license(s) posted? Yes No

Licensee responsible for facility _____

Licensee(s) serving as preceptor _____

EQUIPMENT:

Number of embalming machines _____

Describe _____

Number of embalming tables _____

Describe _____

Aspiration equipment

Yes No Hydroaspirator describe _____

Yes No Electric aspirator describe _____

Yes No Sterilizer describe _____

Yes No Disinfection equipment describe _____

INSTRUMENTS:

Arterial tubes Yes No

Drainage instruments Yes No

Hemostats (lock forceps) Yes No

Forceps Yes No

Needle injector Yes No

Scalpel Yes No

Aneurysm hook/needle Yes No

Scissors Yes No

Suture needles Yes No

Trocar(s) Yes No

Autopsy aspirator Yes No

SUPPLIES:

Yes No Embalming chemicals and products

Describe _____

SAFETY/OSHA EQUIPMENT

Yes No Embalming machines safe and maintained? _____

Yes No Ventilation/exhaust system? Describe _____

Yes No Personal Protective Equipment available?

Yes No Eye-wash & drench shower station? Describe _____

Yes No OSHA signage posted?

Yes No SDS available? Location _____

Yes No Hazardous Waste receptacle present?

Yes No Bio-hazard labels in use?

Yes No Sharps container available?

Yes No First-Aid kit available and maintained?

Yes No Fire extinguisher available

Date and results of last formaldehyde test _____

OTHER:

Refrigeration available? Yes No

Crematory on-site? Yes No

Overall evaluation and/or comments: (to include general safety of work environment and cleanliness of preparation room)

Signature of person completing inspection

Signature of facility representative (title)

*This form is intended solely as an evaluation of a clinical site for educational purposes in compliance with ABSFE Standards. This form is not intended for any other purpose.