

Mortuary Inspection – Local Government

Local Government (General) Regulation 2021, Schedule 2, Part 4



Date: / / (dd/mm/yyyy)

Start time: / (24hr time format)

PREMISES DETAILS:

Mortuary name: _____

Street address: _____

Council registration/ID no. for mortuary premises: _____

Mortuary is listed on the NSW Health Mortuary register?

Yes No

CONTACT DETAILS:

Mortuary operator name: _____

Street address: _____

Postal address: _____

Phone: _____

Email: _____

ABN/ACN: _____

INDICATE THE FOLLOWING: **COMPLIANCE**, **NON-COMPLIANCE**, **NOT OBSERVED** or **NOT APPLICABLE**

COMPLIANCE WITH PUBLIC HEALTH REQUIREMENTS:

WATER SUPPLY AND SEWERAGE (SECTION 14)

Connected to permanent reticulated water supply (1)

Backflow prevention device fitted (2)

Connected to reticulated sewer (3)

CLOSET AND ABLUTION FACILITIES (SECTION 15)

Separate water closet (WC) at the rate of 1:20 employees of each sex (1)(a)

Shower facilities with hot and cold water available (1)(b)

Hand wash basin adjacent to each WC with hot and cold water (1)(c)

Air lock between sanitary facilities and remainder of mortuary (2)

CONSTRUCTION (SECTION 16)

Physical separation of mortuary from remainder of the building (1)

Body preparation room capable of being sealed off (2)

Body preparation room:

Floor area $\geq 9.3 \text{ m}^2$ (3)(a)

Ceiling height $\geq 2.4 \text{ m}$ above finished floor (3)(b)

Floor of impervious material, unbroken, graded, and drained (3)(c)



COMPLIANCE WITH PUBLIC HEALTH REQUIREMENTS (CONT):

CONSTRUCTION (SECTION 16) (CONT)

Body preparation room:

Floor drain screen fitted (3)(d)

Walls and partitions impervious and capable of being cleaned (3)(e)

All joints sealed with impervious material to facilitate cleaning (3)(f)

Floor and wall joints are covered at > than or equal to 75mm (3)(g)

External windows fitted with flyproof screens (3)(h)

External doors fitted with self-closing fly screen doors (3)(i)

If constructed after 1 July 1993, walls and partitions of brick or masonry (4)

INSPECTION OUTCOME:

INSPECTION RESULT:

Satisfactory Not satisfactory

COMMENTS/DIRECTIONS:

OFFICER DETAILS:

Name: _____

Title: _____

Organisation: _____

Signature: _____ [Print and Sign](#)

Date: / / (dd/mm/yyyy)

End time: / (24hr time format)

Phone: _____

Email: _____

PERSON SPOKEN TO ONSITE:

Name: _____

Title: _____

Signature: _____ [Print and Sign](#)

Date: / / (dd/mm/yyyy)

Phone: _____

Email: _____