



This is to certify that _____, an officer of the
(Please Print Name)

Health Unit of _____, in the Province of Ontario,

has on the date of this certificate, inspected the ☐ Embalming Room ☐ Holding Room

at: ☐ Funeral Establishment Operator – Class 1
☐ Transfer Service Operator – Class 1
☐ Transfer Service Operator – Class 2

(Name of Business)

INSPECTION REPORT:

Requirements for Holding room/ and Embalming room: (Per Sections 47, 48 and 50 of Ontario Regulation 30/11 with exceptions as noted)

	Yes	No
All surfaces (floor, walls, cabinets, counters, tables, etc.) are capable of being easily cleaned, sanitized and disinfected.		
All equipment is capable of being easily cleaned, sanitized and disinfected.		
The room is equipped with materials and equipment necessary to clean, sanitize and disinfect the room and the equipment used in the room.		
The room is found to be in a clean, sanitary and disinfected condition.		
The room is equipped with materials and equipment necessary to clean, sanitize and disinfect dead human bodies.		
There is a supply of running water with a device to prevent back-flow of water.		
There is mechanical ventilation directly to the outside of the building.		
There is a sufficient supply of personal protective equipment and clothing for each person in the room handling a dead body.		
First aid kit (OHSA requirement)		
Eye wash station (OHSA requirement)		
Additional requirement for Embalming room only: (Per. Section 48 of Ontario Regulation 30/11)		
The room contains facilities to dispose of bodily fluids and waste appropriately.		

Comments or if you have answered **NO** to any of the above statements, please explain:

(Please attach additional sheets if required)

NOTE: Incomplete or improperly completed forms do not qualify for a licence and will be returned.

Dated at _____, Ontario, this _____ day of _____, 20_____
(city, town, village)

Signature of Medical Officer of Health or Public Health Inspector