

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

LICENSEURE UNIT

P.O. BOX 94986

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471-4918

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BRANCH ESTABLISHMENT SELF INSPECTION REPORT

License #:	Phone #:
Establishment Name:	
Address:	
City/State/Zip	
Manager's Name:	
Name of Affiliated	
Funeral Establishment:	

SECTION A

Check YES, if you meet the regulation and No if you do not meet the regulation; if you mark NO, you must provide an explanation.

#	Regulation	Requirement	Yes	No (If marked no, you must provide an explanation)
1	68-009.01 Documents Reviewed	Documents must be posted and/or available as follows: The current license of the establishment must be conspicuously displayed; The current license of the manager and all licensed funeral directors and licensed funeral directors and embalmers employed by the funeral establishment must be conspicuously displayed; A sign which displays the name of the current or proposed branch establishment. The sign must be located on or at the front of the building in a position where it clearly is visible and legible from the outside of the building, or provide documentation that it is on order; and If funeral arrangements are made at the branch location, copies of written statements containing a list of principal services and furnishings to be supplied by the funeral director or funeral director and embalmer for the preparation and burial or cremation of a deceased body (i.e., general price list).		
2	68-009.02 Physical Structure	The physical structure must be maintained to ensure safety of the public and compliance with the equipment and sanitation requirements. The physical structure must have: <ol style="list-style-type: none"> 1. Adequate ventilation; 2. Adequate lighting to maintain public safety; and 3. If viewing of the deceased body is provided at the branch location, the viewing room(s) must have floor to ceiling walls on all sides; 		
3	68-009.03 Casket Selection Area	If the branch establishment has a casket selection area, the area may include a catalogue or electronic media for ordering caskets or have sample caskets displayed.		

Date and Signature:

Date of Inspection _____

Signature of Manager _____