

**RESIDENT TRAINEE WORK REPORT - EMBALMING**

Trainee Name \_\_\_\_\_ Trainee Signature \_\_\_\_\_ Hours Worked \_\_\_\_\_ Month \_\_\_\_\_

NUMBER OF CASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
<b>Core Embalming Activities</b>																										
Setting features																										
Mixing fluids																										
Raising vessels & inserting tubes																										
Injecting fluids																										
Suturing incisions																										
Cavity treatment																										
<b>Secondary Embalming Activities</b>																										
Removal & disinfecting of body																										
Positioning of body																										
Restorative art treatment including hypodermic treatment																										
Preparation of autopsied body including treatment of viscera																										
Treatment of remains following organ and/or tissue donation																										
Application of cosmetics																										
Dressing & casketing																										
Cleaning and disinfection of preparation room																										
Handling and/or disposing of biomedical waste																										

I hereby certify that the above-named Trainee engaged in the foregoing activities:

Supervisor Name and License No. \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission Expires \_\_\_\_\_

Notary Public \_\_\_\_\_ (SEAL)

Licensed Manager Name and License No. \_\_\_\_\_ Licensed Manager Signature \_\_\_\_\_

Funeral Establishment, Address, and Permit No. \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission Expires: \_\_\_\_\_

Notary Public \_\_\_\_\_ (SEAL)