## RESIDENT TRAINEE WORK REPORT - FUNERAL SERVICE

Trainee Name	Trainee Signature											Hours Worked Month																			
FUNERAL DIRECTING																															
ACTIVITIES																															
Dates of Work	1	2	3	4	5		$3 \mid 7$	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Core Arranging Activities			•																												
At-need or preneed arranging																															
(includes all related documents and																															
records)	-			-		_																							igwdapprox		
Imminent/pending death (hospice)																															
arranging Observe sale of funeral service		-	+		-	-																							$\vdash \vdash$		<del> </del>
Core Ceremony & Disposition	1											J.											Į			Į					
Activities																															
Assist with funeral or memorial or																															
interment/committal ceremonies for																															
casketed remains					_	-																							$\vdash \vdash$		<u> </u>
Assist with funeral or memorial or																															
interment/committal ceremonies for cremated remains																															
Secondary Funeral Directing		1			- 1						1		1	1	1			1	I		I	1	l		1	l	1	1			
Activities																															
Attendance at funeral home																															
Answer telephone/correspondence,																															
handle records, bookkeeping			_		_																								<u> </u>		ļ
Care for equipment & premises			_		_																								<u> </u>		ļ
Prepare death notices/obituaries																													<u> </u>		
Ship-in/Ship out arrangements																													<u> </u>		
Prepare death certificate																													<u> </u>		
Secure permits, prepare VA or social security forms																															
Receive visitors																															
Funeral procession and																															
arrangement																													<u> </u>		
Transport survivors and clergy																													<u> </u>		
Witness/arrange cremation services																													<u> </u>		
Complete cremation authorization								1																							
forms	1		-			-		+	-	<u> </u>				ļ															$\vdash \vdash$		<del>                                     </del>
ID authorizing agent/next of kin	1		-			-		+	-	<u> </u>				ļ															$\vdash \vdash$		<del>                                     </del>
Evaluate OCME jurisdiction																															

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EMBALMING ACTIVITIES																										
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
Core Embalming Activities																										
Setting features																										
Mixing fluids																										
Raising vessels & inserting tubes																										
Injecting fluids																										
Suturing incisions																										
Cavity treatment																										
Secondary Embalming Activities																										
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)	