

RESIDENT TRAINEE EMBALMING CHECKLIST

CASE# _____ NAME OF DECEASED _____

DATE _____ NAME OF TRAINEE _____

EMBALMING ACTIVITIES

- 1. ____ Setting features
- 2. ____ Mixing fluids
- 3. ____ Raising vessels & inserting tubes
- 4. ____ Injecting fluids
- 5. ____ Suturing incisions
- 6. ____ Cavity treatment
- 7. ____ Removal & disinfecting of body
- 8. ____ Positioning of body
- 9. ____ Restorative art treatment including hypodermic treatment
- 10. ____ Preparation of autopsied body including treatment of viscera
- 11. ____ Treatment of remains following organ and/or tissue donation
- 12. ____ Application of cosmetics
- 13. ____ Dressing & casketing
- 14. ____ Cleaning and disinfection of preparation room
- 15. ____ Handling and/or disposing of biomedical waste using universal precautions

COMMENTS OR ADDITIONAL ACTIVITIES PERFORMED (attach embalming report):

Signature of Trainee _____

Signature of Supervisor _____