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 ________________________________