

Tissue Gas Odor Skin Slip
 Discoloration Rigor Mortis Mutilations
 Jaundice Organ and/or Tissue Donor (describe) _____
 Surgery Other (describe) _____
 Exposure to temperature extremes (describe) _____

Embalming

Time between death and embalming _____ Body Refrigerated? YES NO

Arteries Used for Injection: _____

Veins Used for Drainage: _____

Type and index of arterial fluid used: _____ Rate of flow: _____

Method of Injection: Hand Pump _____ Gravity _____ Machine Pressure _____

Concentration of arterial fluid injected and number of gallons injected: _____

Type and amount of cavity fluid used: _____

Other supplemental chemicals or fluids used: _____

Did any of the following occur during embalming?

Clearing Purge Distention of face or hands

Firming Leakage Vascular problems

How were any problems encountered, rectified? _____

Check any of the following procedures completed:

- | | |
|--|--|
| <input type="checkbox"/> Undressed and washed body | <input type="checkbox"/> Disinfected/packed orifices |
| <input type="checkbox"/> Shaved | <input type="checkbox"/> Set features, including closing eyes/mouth |
| <input type="checkbox"/> Inserted cannulea/drain tubes | <input type="checkbox"/> Mixed and injected fluids |
| <input type="checkbox"/> Aspirated cavities, injected cavity fluid | <input type="checkbox"/> Treated cavities/viscera for autopsy case |
| <input type="checkbox"/> Reaspirate cavities | <input type="checkbox"/> Sutured/sealed incisions |
| <input type="checkbox"/> Treated skin slip and decubitis ulcers | <input type="checkbox"/> Washed body and prepared for dressing |
| <input type="checkbox"/> Dressed and casketed body | <input type="checkbox"/> Applied cosmetics, treated discoloration chemically |
| <input type="checkbox"/> Applied Restorative measures | <input type="checkbox"/> Cleaned/sanitized table, floor, prep room |
| <input type="checkbox"/> Washed/sterilized instruments | <input type="checkbox"/> Hypodermic treatment |

_____ Chose injection site, made incisions, raised vessels

Was the embalming operation completed without complication(s)? _____

Describe the complication(s) and methods used for correction. _____

I hereby state this is a true description of this case.

Signature of Apprentice: _____ Date: _____

Signature of Sponsor: _____ Date: _____

NOTE: Reports shall be filed MONTHLY with the Board of Registration of Funeral Directors and Embalmers, 7 Eagle Square, Concord, NH 03301