



BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER
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MARCH 7, 2024

Date

Jimmy D Kesey

Field Representative Name

Handwritten signature of Jimmy D Kesey

Field Representative Signature

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: MIDDLE TENNESSEE CREMATION CENTER Lic. #: 1222

Physical Location Address: 1098 WESTON DRIVE Phone #: 615-758-3989

City, State, Zip Code: MOUNT JULIET TENNESSEE 37122

Mailing Address (if different from above): N/A

Human Crematory Website Address: www.bondmemorial.com

Human Crematory Email Address: tracey@bondmemorial.com

Licensed Funeral Director Serving as Manager: TRACEY H. BOND FD #: 3930

Licensed Funeral Director(s) Performing Cremations: JAMES A. BOND FD # 3949

JOHN D. DIAL FD# 5144

Number of cremations performed prior calendar year: 325 Number of cremations current year to date: 73

Number of cremation files examined during this inspection: 22

Prerequisites to Cremation - Tenn. Code Ann. § 62-5-504.

Required cremation permit from Health Department for each deceased. YES NO

Utilization of Licensed Crematory Facility - Tenn. Code Ann. § 62-5-107.

Cremation Authorization Form

- A. Name, address and telephone number of crematory
B. Signed by authorizing agent
C. Signed and dated by licensed Funeral Director

Written Receipt for Remains - Records - Tenn. Code Ann. § 62-5-509.

- 1. Written receipt for delivery of human remains to crematory facility:
A. Name of decedent
B. Date and time of delivery
C. Type of casket or container remains delivered in
D. Name of person delivering remains to crematory facility
E. Name of funeral home or other establishment
F. Name of person receiving decedent on behalf of crematory facility
2. Written receipt for release of cremated remains from crematory facility:
A. Name of decedent
B. Date and time of release
C. Name of person releasing cremated remains from crematory facility
D. Name of person to whom cremated remains were released
E. Name of funeral home, crematory or other entity

3. Record (log) of each cremation conducted:

- A. Name of decedent
- B. Date and time of cremation
- C. Manner of final disposition (location, date and manner of final disposition)

Requirements for Operation – Permanent Identification Device – Tenn. Code Ann. § 62-5-313(d)(2).

- A. Name of Deceased
- B. Date of Birth
- C. Date of Death

Type of Permanent Identification Device used: ALUMINUM

Number of Cremated Remains Present: 6 Number of Cremated Remains Inspected: 4

Crematory Facility Operator Duties – Tenn. Code Ann. § 62-5-507.

- Inspection of Crematory Facility
- A. Is cremation in progress at time of inspection
 - B. Any excess residue or fragments found in cremation chamber
 - C. Any excess residue or fragments found in processing area
 - D. Any unauthorized access or visibility noted
 - E. Number of retort chambers: 1
 - F. Date retort chamber(s) placed in service: SEPTEMBER 30 2009
 - G. Was retort chamber(s) operational:
 - H. Temperature of retort chamber(s) when inspected: 1650 of.
 - I. Refrigeration unit(s) on premises
 - J. Total body capacity of refrigeration unit(s): 15
 - K. Temperature of refrigeration unit(s) when inspected: 36 of.
 - L. Number of bodies present at time of inspection: 7
 - M. Unembalmed bodies held for eight (8) hours in refrigeration unit
 - N. Embalmed bodies in holding area
 - O. Is the crematory facility maintained in a neat, clean and orderly fashion
 - P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity
- Date(s) of last inspection/maintenance: _____ Obtain copy of report(s) _____
- Q. Describe system established and maintained for identifying body throughout all phases of holding/cremation process: SYSTEM ESTABLISHED BY THIS FIRM IS ATTACHED TO THE FILE.
- R. Describe internal system used for tracing location of cremated remains during shipment (mail): U.S.P.S.PRIORITY MAIL EXPRESS WITH RETURN RECEIPT.
- S. Signed receipt from person receiving cremated remains by mail

Requirements for a Crematory – Rule 0660-9-.01.

- A. Any evidence of commingling cremated ashes for storage or disposition
- B. Any evidence of more than one (1) body being placed in cremation chamber
- C. Any evidence of more than one (1) cremated remains placed in container
- D. Number of unclaimed cremated remains present at crematory facility: 0

Describe procedure for handling and/or disposition of any unclaimed cremated remains _____

RETURN TO THE FUNERAL ESTABLISHMENT FROM WHERE IT CAME FROM.

WARNING ISSUED
(Circle)

CITATION ISSUED
(Circle)

Reason(s)/Comments: _____

