



BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER
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APRIL 21, 2022

Date

Jimmy D Kesey

Field Representative Name

[Signature]

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
STEVEN D. HANVY JR. FD.# 6275

Number of cremations performed prior calendar year: 477 Number of cremations current year to date: 159

Number of cremation files examined during this inspection: 23

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

Required cremation permit from Health Department for each deceased [YES checked] [NO]

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

Cremation Authorization Form
A. Name, address and telephone number of crematory [checked]
B. Signed by authorizing agent [checked]
C. Signed and dated by licensed Funeral Director [checked]

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

3. Record (log) of each cremation conducted:
- A. Name of decedent YES NO
 - B. Date and time of cremation YES NO
 - C. Manner of final disposition (location, date and manner of final disposition) YES NO

- Requirements for Operation – Permanent Identification Device – Tenn. Code Ann. § 62-5-313(d)(2).**
- A. Name of Deceased YES NO
 - B. Date of Birth YES NO
 - C. Date of Death YES NO

Type of Permanent Identification Device used: ALUMINUM

Number of Cremated Remains Present: 2 Number of Cremated Remains Inspected: 2

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

- Inspection of Crematory Facility
- A. Is cremation in progress at time of inspection YES NO
 - B. Any excess residue or fragments found in cremation chamber YES NO
 - C. Any excess residue or fragments found in processing area YES NO
 - D. Any unauthorized access or visibility noted YES NO
 - E. Number of retort chambers: 1
 - F. Date retort chamber(s) placed in service: SEPTEMBER 30 2009
 - G. Was retort chamber(s) operational: YES NO
 - H. Temperature of retort chamber(s) when inspected: 1650 of.
 - I. Refrigeration unit(s) on premises YES NO
 - 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: 2
 - M. Unembalmed bodies held for eight (8) hours in refrigeration unit YES NO
 - N. Embalmed bodies in holding area YES NO
 - O. Is the crematory facility maintained in a neat, clean and orderly fashion YES NO
 - P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity YES NO
Date(s) of last inspection/maintenance: NOT SINCE LAST TIME 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. YES NO
 - S. Signed receipt from person receiving cremated remains by mail YES NO

- Requirements for a Crematory – Rule 0660-9-.01.**
- A. Any evidence of commingling cremated ashes for storage or disposition YES NO
 - B. Any evidence of more than one (1) body being placed in cremation chamber YES NO
 - C. Any evidence of more than one (1) cremated remains placed in container YES NO
 - 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: _____

