

APPRENTICE

QUARTERLY CASE REPORT

EMBALMING CASE



STATE OF OHIO
BOARD OF EMBALMERS
AND FUNERAL DIRECTORS

This report meets the requirements for: (select all that you participated in) Transfer Embalming Case

APPRENTICESHIP DESIGNATION

DUAL (Embalmer and Funeral Director) (12 months) Embalmer Only (12 months)

Apprentice's Name _____ Certification # _____

Currently in Quarter (circle one) 1 2 3 4 of a _____ month Apprenticeship (indicate 12 month)

Master's Name _____ License # _____

Funeral Home Name _____

Funeral Home Address _____

City or Village _____

Funeral Home County _____

Daytime Phone _____

This form is to be filled out by the Apprentice. Cases are per Decedent. You must fill out 1 form per Decedent.
The Apprentice is responsible for electronically submitting the Apprentice Case Reports and the Master's Quarterly Evaluation Report, via the Apprentice's eLicense account.

IDENTIFICATION

Name of Deceased _____ Sex _____ Age of Deceased _____

Date of Death _____ Time of Death _____

Place of Transfer _____

Cause of Death _____

Date of Embalming _____

FEATURE SETTING

Please check all that apply:

Eye Closure: Eyecaps Cotton Other (explain) _____

Mouth Closure: Suture Needle Injector

Teeth (Upper): Natural False Mouth Former Cotton Other (explain) _____

Teeth (Lower): Natural False Mouth Former Cotton Other (explain) _____

CONDITION OF BODY PRIOR TO EMBALMING

Please check all that apply:

- Evidence of Disease
- Gas
- Skin Slip
- Evidence of Surgery
- Tumors
- Rigor Mortis
- Purge
- Eruptions
- Emaciation
- Mutilations
- Post-mortem Pigmentation
- Evidence of External Wound
- Ulceration
- Other _____

Autopsy Type _____

Organs or body parts donated _____

EMBALMING

Name of Embalmer _____

Date and Time of Death _____

Time elapsed between death and embalming _____

Approximate height/weight _____

List arteries used for injection _____

List veins used for drainage _____

Fluids used (trade name) _____

 Pre-Injection Arterial Cavity

Number of ounces per gallon of fluid _____

Total gallons used _____

Cavity fluids (oz. injected undiluted) _____

Other cavity treatment _____

Parts receiving poor circulation _____

Treatment _____

Restorative art treatment _____

Cosmetics used _____

Length of time to complete operation _____

Describe what was unique about the embalming. What problems did you encounter? Were there any circulatory problems?

If this was a difficult embalming, why?

CONDITION OF BODY AFTER EMBALMING

Condition of body at completion of operation _____

Condition of body at time of funeral _____

Special post-embalming treatment required _____

What did you learn from this embalming? _____

APPRENTICE PARTICIPATION

Please check all that apply:

	PERFORMED	ASSISTED	OBSERVED	NO INVOLVEMENT
TRANSFER TASKS				
Took first call, obtained necessary information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rode along or met at point of transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assembled and operated equipment necessary for transportation of remains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtained and prepared documentation for transfer from place of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Universal Precautions related to transfer from place of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directed and assisted family members that were present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMBALMING TASKS				
Verified permission to embalm from authorizing agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued)

APPRENTICE PARTICIPATION

Please check all that apply:

	PERFORMED	ASSISTED	OBSERVED	NO INVOLVEMENT
EMBALMING TASKS (continued)				
Transferred from stretcher or cot to preparation table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positioned on preparation table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed pre-embalming analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathed, shampooed, and disinfected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set facial features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed and selected injection and drainage sites & methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed and selected techniques for raising vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed and selected chemical mixture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operated and maintained embalming machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed machine maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed and selected aspiration techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed and selected cavity treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed and selected methods of closing incisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed and selected suturing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed restorative techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaned and sanitized preparation room				
Dressed the Deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled and observed the beautician, barber, or cosmetologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted with cosmetizing and casketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled necessary personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				

I certify the accuracy of the information recorded on this report.**SIGNED AND CERTIFIED BY:**

Signature of Apprentice _____ Certification # _____

Date Signed _____

I certify the accuracy of the information recorded on this report.**SIGNED AND CERTIFIED BY:**

Signature of Master _____ License # _____

Date Signed _____