



APPRENTICE EMBALMER'S CASE REPORT

Trade Case

****IMPORTANT****

Pursuant to 17 CAR § 30-304 (a), all case reports must be filed in the Board Inspector's office by the 10th of the month following the month in which work was actually performed. The report may be **e-mailed** (as a scanned PDF attachment) **or mailed**, but it must be received by the Inspector by the close of business on the 10th day of the month. If the 10th day of the month falls on a weekend day or state holiday, then the report is due by the close of business on the first business day following the weekend or holiday.

Apprentice Embalmer's Name _____ Apprenticeship No. _____ Date Case Completed _____ Case Number (e.g. 1, 2, ..., 50) _____

IDENTIFICATION SECTION:

Name of Deceased: _____ Place of Death: _____
Age at Death: _____ Sex: _____ DOD: _____ Hour: _____ Cause(s) of Death: _____
How ascertained (Death Certificate, Coroner's Report, etc.)? _____ Medical Attendant: _____

CONDITION OF THE BODY: [Check All That Apply]

Body Temp: _____ Mutilated? Yes No If "Yes," please describe. (Use Page 2 of this report form, if necessary.)

Was an autopsy performed? Yes No (Use Page 2 of this report form to describe.)
Moisture Content: Emaciated _____ Normal _____ Dropsical _____ Slip Skin? Yes No
If "Yes" to Slip Skin, location: _____
Purge: Yes No If "Yes," nature and source: _____
Gaseous Swelling? Yes No If "Yes," location: _____
Discoloration: Pink Blue Red Yellow Black
Circulatory Trouble? Yes No If "Yes," describe: _____
Time between death and embalming: _____ Was Rigor Mortis relieved? Yes No
Arteries used in injection: _____ Veins for drainage: _____

TREATMENT:

Was a pre-injection fluid used? Yes No If "Yes," what kind(s): _____
Type(s) of fluid used: A _____ B _____ C _____
Total volume of fluid in tank : _____ Was embalming completed without incident? _____
Solution Strength (Volume of chemicals x index / total volume of fluid in tank x 100) _____ %
Condition of the body at completion of procedure: _____
How long was it under observation? _____ Condition at funeral: _____

DUTIES/RESPONSIBILITIES: Please check any of the following duties you completed on this case:

- _____ 1. Clean and disinfect eyes, nose, and mouth of the deceased
- _____ 2. Close the mouth of the deceased using either a needle injector, mandibular suture or muscular suture
- _____ 3. Locate and raise a jugular vein
- _____ 4. Locate and raise a carotid artery
- _____ 5. Locate and raise a femoral artery
- _____ 6. Select and mix appropriate arterial and supplementary fluids for injection
- _____ 7. Aspirate the quadrants of the deceased
- _____ 8. Inject cavity fluid with a manual or electric trocar
- _____ 9. Pack and suture an incision
- _____ 10. Bathe and wash remains of the deceased with an antibacterial or antiviral solution

****IMPORTANT: All portions of this form MUST BE COMPLETED, or the case report will not be accepted****

APPRENTICE EMBALMER'S CASE REPORT (CONTINUED)

Apprentice Embalmer's Name

Apprenticeship No.

Date Case Completed

Case Number (e.g. 1, 2, ..., 50)

COMMENTS / DESCRIPTIONS / NOTES: Describe, in detail, the condition of the body prior to embalming and the embalming procedure. (This should be comparable to the Duties and Responsibilities from Page 1)

Apprentice Embalmer's Signature

Date Signed

I certify that the information contained in this case report is a true and correct statement of the work done on the above-referenced deceased body and that this work was done under my direct supervision.

Licensed Embalmer's Signature (Mentor)

Date Signed

Mentor's Board ID No.

NOTE: The Comments/Descriptions/Notes for each new case should be an *original narrative* – not copied or “cut-and-pasted” from previous case reports.

Any attachments to this case report form should include the **Apprentice Embalmer's Name** and **Case Number** for reference purposes.

Return Completed Case Report To: Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574
E-Mail: AID.EFD@arkansas.gov