

## Site Visit Inspection Record

Location: \_\_\_\_\_

Date: \_\_\_\_\_

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Attending staff: \_\_\_\_\_

Requestor name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Site Inspection conducted in reference to:

- New Program
- Updated Facility
- Other (specify) \_\_\_\_\_

Location of Inspection (if different than address listed above):

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**Site Inspection:** (please circle the appropriate response)

**FACILITY:**

|  |     |    |
|--|-----|----|
| Security/storage of anatomical material in a locked room                                   | Yes | No |
| Storage area separate from teaching area   | Yes | No |
| Transport of materials from storage area to teaching laboratory is secure from public view | Yes | No |

**For both storage facility and teaching laboratory:**

|   |     |    |
|---|-----|----|
| Restricted availability of keys to locked room  | Yes | No |
| Anatomical material not visible from public hallway at any time   | Yes | No |
| Appropriate security signage is visible:<br>For example: “Restricted Area/No Admittance”, “No Photography”,<br>“No Visitors”, “No Minors”, “No Removal of Anatomical Material”. | Yes | No |

**TEACHING LABORATORY:**

|   |     |    |
|---|-----|----|
| Laboratory shows signs of appropriate general cleanliness   | Yes | No |
| Washing facilities are available to users of anatomical material  | Yes | No |
| Training and safety protocols for all users are established and in writing  | Yes | No |
| Gloves, safety glasses, respirator masks, and laboratory coats are available for personnel handling/demonstrating the anatomical material | Yes | No |
| Wetting solutions are stocked and readily available for proper maintenance of anatomical material.  | Yes | No |
| Written instructions for maintaining the anatomical material with preservatives are posted/readily available.                             | Yes | No |
| Institution’s Facilities/OSHA/Health and Safety Departments have inspected facility for ventilation and other requirements                | Yes | No |
| Requestor accepts responsibility for OSHA or applicable health and safety agency compliance   | Yes | No |

**POLICY:**

|  |     |    |
|--|-----|----|
| Requestor further acknowledges their acceptance of all policies described in the “Anatomical Material Request Application & Use Agreement” | Yes | No |
|--|-----|----|

I acknowledge that a site inspection was performed for the proper use, handling and storage of all anatomical materials requested and received from the Montana Body Donation Program.

|                       |         |        |
|-----------------------|---------|--------|
| _____                 | _____   | _____  |
| (Requester Signature) | (Title) | (Date) |

I have performed a full site inspection for the proper use, handling and storage of all anatomical materials requested and/or received by this requester.

|                          |         |        |
|--------------------------|---------|--------|
| _____                    | _____   | _____  |
| (Investigator Signature) | (Title) | (Date) |

Investigators Comments:



***For internal use only:***

Approved for use of MBDP anatomical materials: \_\_\_\_\_

Not approved for use of MBDP anatomical materials: \_\_\_\_\_ if not approved,  
please state reasons:

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Last revision: February 2023