**APPLICATION FORM FOR A CERTIFICATE OF COMPETENCE** **FOR FUNERAL UNDERTAKER PREMISES OR MORTUARIES**

(In terms of R 363 of 22 May 2013 Regulations relating to the Management of Human Remains)

**A. PERSONAL INFORMATION**

Details of the person in whose name the certificate of acceptability must be issued.

|  |  |
| --- | --- |
| Surname:*\*Surname and first names of person in whose name the certificate must be issued:* |  |
| First Names:  |  |
| ID No.: *Copy of RSA identification document attached**Copy of Resident documentation attached , if an Immigrant**Certificate indicating all Directors /members and addresses attached, if applicable.* |  |
| Postal address: |  |
| Residential address: |  |
| Tel No: Business |  |
| Tel No: Residential  |  |
| Cell No: |  |
| E-mail address:  |  |

**B. PARTICULARS FOR FUNERAL UNDERTAKER PREMISES OR MORTUARIES**

|  |  |
| --- | --- |
| Name of funeral undertaker premises or mortuaries  |  |
| Telephone number  |  |
| Emergency Number (after hours) |  |
| Physical Address/ Erf Number |  |
| Building Name and building number |  |
| Street Name and Number |  |
| Suburb |  |
| Postal Address  |  |
| Number of Vehicle (s) used for the transportation of human remains. (**Vehicle registration number)** |  |
| GPS Coordinates |  |
| Webpage, if available |  |
| Previous inspection reports available (Y/N) |  |
| Relevant municipal permit/ zoning certificate in place? (Y/N) If yes, a copy of zoning certificate must be provided |  |
| Valid Health Care Risk Waste (HCRW) contract with an approved HCRW company (Y/N) If yes, a copy of removal certificate must be provided |  |
| A valid refuse removal contract with the Municipality or a refuse disposal site in place (Y/N)If yes, a copy of removal certificate or a signed contract must be provided |  |
| Water supply source |  |
| Current water sampling results |  |
| Cold room capacity (maximum number of corpses to be occupied) |  |
| Standard operating procedure for cleaning and disinfection the premises and vehicles?(Y/N) if yes, a copy must be provided.  |  |

**CHANGE ROOMS REQUIREMENTS:**

|  |  |  |
| --- | --- | --- |
|  | **Males** | **Females** |
| Number of sanitary facilities  |  |  |
| Number of urinal toilets |  |  |
| Change rooms |  |  |
| Cleaning facilities |  |  |
| Hand-washing facilities |  |  |
| Preparation premises |  |  |

**C. PERSON RESPONSIBLE FOR PREPARATION OF CORPSES** *(if different from applicant)*

List and describe the food items or the nature or type of food involved

|  |  |
| --- | --- |
| Surname:*\*Surname and first names of person in whose name the certificate must be issued:* |  |
| First Names:  |  |
| ID No.: *Copy of RSA identification document attached**Copy of Resident documentation attached , if an Immigrant**Certificate indicating all Directors /members and addresses attached, if applicable.* |  |
| Residential address: |  |

**D. CONTINGENCY PLANS** *(in the event of refrigeration or cold room breakdown)*

Indicate envisaged production output or number of persons to be catered for

|  |  |
| --- | --- |
| Name of alternative premises |  |
| Physical address |  |
| Contact numbers |  |
| In possession of Certificate of Competence |  |
| *\*\*Attach service level agreement (SLA) or a signed contract by both parties allowing the storage of bodies in these premises* |  |

**E. DISPOSAL OF HEALTH CARE RISK WASTE**

All waste generated in the preparation room shall be deemed to be Health Care Risk Waste (HCRW)

|  |  |
| --- | --- |
| Name of company used for disposal of HCRW |  |
| Registration number |  |
| Contact numbers of person in charge |  |
| Contract with a HCRW disposal company issued?*\*\*Attach proof of contract*  |  |

**F. VECTOR CONTROL**

|  |  |
| --- | --- |
| Name of company responsible for vector control |  |
| Physical address |  |
| Contact numbers |  |
| Contract with the Pest Control Company and frequency of fumigation*\*\*Attach proof of contract* |  |

**G. PLAN OF PREMISES (*Where applicable*)**

Attach to this application, a lay out plan of the premises, drawn on a scale of 1:50 which indicates the designation of the various areas and position of all equipment.

**H. PARTICULARS OF APPLICANT (if not also the person in charge)**

|  |  |
| --- | --- |
| Name: |  |
| Capacity: (e. g owner, managing director, manager, secretary) |  |
| I.D / Passport Number*Copy of RSA identification document attached**Copy of Resident documentation attached , if an Immigrant**Certificate indicating all Directors /members and addresses attached, if applicable.* |  |
| Postal address: |  |
| Residential address:  |  |
| Tel no.: Business |  |
| Cell Number: |  |

**J. DECLARATION**

I declare that the abovementioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation.

The evaluation and the issuing of the Certificate of Competence are done, as the business was presented to the Environmental Health Practitioner.

Should conditions change as set out in Regulation 8 (1) (2), I am bound to re-apply for the premises to be re-evaluated for competence under these Regulations.

**Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person in charge/ applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of owner (if not person in charge) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Environmental Health Practitioner received the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**