Montana Body Donation Program
Anatomical Materials
Site Inspection Record

Date of Inspection: ____________________________  Attending Staff: ____________________________

Requestor name: _________________________________________________________________
Organization: _________________________________________________________________
Address: _________________________________________________________________
City, State, Zip: _________________________________________________________________
Phone: ____________________________ Fax: ____________________________
Email: _________________________________________________________________

Site Inspection conducted in reference to:

☐ Anatomical Material Request Application number _________________
☐ Annual Review
☐ Other (specify) _________________________________________________________________

Location of Inspection (include full address if different from above):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Site Inspection: (please circle the appropriate response)

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>Yes</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security/storage of anatomical material in a locked room</td>
<td></td>
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<tr>
<td>Storage area separate from teaching area</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>Transport of materials from storage area to teaching laboratory is secure from public view</td>
<td>Yes</td>
<td>NO</td>
</tr>
</tbody>
</table>

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:
    e.g., Restricted Area/No Admittance. No Photography. No Visitors.  | Yes | NO |
    No Removal of Anatomical Material (NO MINORS)                       |     |    |

For teaching laboratory:

Laboratory shows signs of appropriate general cleanliness                | Yes | NO |
Washing facilities are available to anatomical material users            | 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Last revision 4/26/10