**Application form for a change of premises**

**for establishments in the Post Mortem sector**

This application form can be used by establishments that already hold a licence in the Post Mortem sector and would like to make a substantial change to their licensed premises (for example an extension to the premises) or will be moving premises.

**The DI or LH will be required to submit this application form by email to** [licensing@hta.gov.uk](mailto:licensing@hta.gov.uk)

|  |  |
| --- | --- |
| **Establishment information** | |
| An application for a change of premises of a licensed establishment must specify the new address where the activities are to take place. Where a change of premises is required for more than one site (i.e. a satellite site), this will need a separate application form. | |
| Licence number |  |
| Name of Designated Individual |  |
| Premises name |  |
| Department |  |
| New Address | Postcode: |
| Proposed date of relocation or change |  |

In the following section, please carry out a self-assessment for all HTA standards based on the proposed new premises and provide examples of compliance as required.

|  |
| --- |
| **PFE1 – The premises are secure and well maintained and safeguard the**  **dignity of the deceased and the integrity of human tissue** |
| a) The premises are clean and well maintained. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| b) There is demarcation of clean, dirty and transitional areas of the mortuary, which is observed by staff and visitors. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| c) There are documented cleaning and decontamination procedures and a schedule of cleaning. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| d) The premises are secure (for example there is controlled access to the body storage area(s) and PM room and the use of CCTV to monitor access). |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| e) Security arrangements protect against unauthorized access and ensure oversight of visitors and contractors who have a legitimate right of access. |
| Not applicable  Not met  Met |
| **Please provide examples:** |

|  |
| --- |
| **PFE2 – There are appropriate facilities for the storage of bodies and human**  **tissue.** |
| a) There is sufficient storage capacity. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| b) There is sufficient capacity for storage of bodies, organs and tissue samples, which takes into account predicated peaks of activity. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| c) Storage for long-term storage of bodies and bariatric bodies is sufficient to meet needs. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| d) Fridge and freezer units are in good working condition and well maintained. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| e) Fridge and freezer units are alarmed and the alarms are tested regularly to ensure that they trigger when temperatures go out of upper or lower set range. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| f) Temperatures of fridges and freezers are monitored on a regular basis. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| g) Bodies are shrouded or in body bags whilst in storage. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| h) There is separate storage for infants and babies. If not, special measures are taken for the bodies of infants and babies. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| i) There are documented contingency plans in place should there be a power failure or insufficient numbers of refrigerated storage spaces during peak periods. |
| Not applicable  Not met  Met |
| **Please provide examples:** |

|  |
| --- |
| **PFE3 – Equipment is appropriate for use, maintained, validated and where**  **appropriate monitored.** |
| a) Items of equipment in the mortuary are in a good condition and appropriate for  use:  i. fridges / freezers  ii. hydraulic trolleys  iii. post mortem tables  iv. hoists  v. saws (manual and/or oscillating) |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| b) Equipment is appropriate for the management of bariatric bodies.  . |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| c) The ventilation system provides the necessary ten air changes per hour and is checked and maintained at least annually. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| d) Staff have access to necessary PPE. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| e) Where chemicals are used for preservation of tissue samples, there is adequate ventilation. |
| Not applicable  Not met  Met |
| **Please provide examples:** |
| f) Key items of equipment, including fridges/freezers, trolleys and post mortem tables (if downdraught) are subject to regular maintenance and records are kept. |
| Not applicable  Not met  Met |
| **Please provide examples:** |