IMPLEMENTING RULES AND
REGULATIONS OF CHAPTER XXI

DISPOSAL OF DEAD PERSONS

OF THE CODE ON SANITATION OF THE PHILIPPINES
(P.D. 856)
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IMPLEMENTING RULES AND REGULATIONS OF CHAPTER XXI - "DISPOSITION OF DEAD PERSONS" OF THE CODE ON SANITATION OF THE PHILIPPINES (P.D. 856)

To carry out the provisions of Chapter XXI - "Disposition of Dead Persons" of the Code on Sanitation of the Philippines (P.D. 856), these rules and regulations are hereby formulated for implementation and strict compliance of all concerned.

SECTION 1. SCOPE

These implementing rules and regulations shall apply to all crematories, funeral and embalming establishments, medical and research institutions, undertakers, embalmers, public and private burial grounds and other similar institutions operated by government agencies or instrumentalities including government-owned or controlled corporations, private organizations, firms, individuals or other entities.

SECTION 2. DEFINITION OF TERMS

As used in these rules and regulations, the following terms shall mean:

1. BURIAL - internment of remains in a grave, tomb or the sea.

2. BURIAL GROUNDS - cemetery, memorial park or any place duly authorized by law for permanent disposal of the dead.

3. CATACOMB - place of burial consisting of galleries or passages with side recesses for tombs.

4. CEMETERY - public or private land used for the burial of the dead and other uses dedicated for cemetery purposes, to include landscaped grounds, driveways, walks, columbaria, crematories, mortuaries, mausoleums, niches, graveyards and public comfort rooms.

5. CINERARY REMAINS/CREMAINS - the ashes resulting from cremation of a dead body.

6. CLOSURE OF CEMETERIES - termination of burials in the cemetery concerned.
7. COMMITTEE - the Department of Health Committee of Examiners for Undertakers and Embalmers.
8. CODE - the Code on Sanitation of the Philippines, P.D. 856.
9. CREMATION - a process that reduces human remains to bone fragments of fine sand or ashes through combustion and dehydration.
10. CREMATORIUM - any designated place duly authorized by law to cremate dead persons.
11. DEATH CERTIFICATE - a document issued by the attending physician or in his absence, by the city/municipal health officer or other duly authorized government official, using the prescribed form certifying the death of a person.
12. DEPARTMENT - the Department of Health.
13. DISINTERMENT - the removal or exhumation of remains from places of interment.
14. EMBALMING - preparing, disinfecting and preserving a dead body before its final disposal.
15. EMBALMING ESTABLISHMENT - a place where a body of a human being is embalmed or treated for burial with preservatives.
16. EMBALMER - a duly licensed person who applies, injects or introduces any chemical substance or drug or herbs internally or externally to a dead human body for the purpose of embalming, disinfecting and preserving it.
17. FUNERAL ESTABLISHMENT - includes funeral parlors, funeral chapels and any similar place used in the preparation, storage and care of the body of a deceased person for burial or cremation.
18. HEALTH CERTIFICATE - a certification in writing issued by the city or municipal health officer using the prescribed form to person employed in the funeral establishment and other related services after passing the required physical and medical examinations and immunizations.
19. LOCAL GOVERNMENT UNIT - the local political subdivision which refers to the province, city, municipality or barangay.
20. LOCAL HEALTH OFFICER - the provincial, city or municipal health officer.
21. LOCAL HEALTH AUTHORITY - an official or employee responsible for the application of a prescribed health measure in a local political subdivision. For a province, the local health authority is the governor and for a city or a municipality, the local health authority is the mayor.
22. MEMORIAL PARK - a cemetery with well kept landscaped lawns and wide roadways and footpaths separating the areas assigned for ground interments, tombs, mausoleums and columbaria; with or without a mortuary chapel; and provided with systematic supervision and maintenance.
23. MORGUE - a place in which dead bodies are temporarily kept pending identification or burial.
24. NICHE - interment space for remains.
25. PUBLIC CEMETERY - a burial ground, government or privately owned, open for general use of the public.
26. PRIVATE BURYING GROUND OR PLACE OF ENSHRINEMENT - a family or individual or other similar exclusive burial ground established and authorized subject to these rules and regulations.
27. REGIONAL DIRECTOR - an official who heads a Department of Health regional health office.
28. REMAINS - the body or parts of the body of a dead person including the cremated remains.
29. REMOVAL OF CEMETERIES - termination of all burial activities in the cemetery and subsequent exhumation of all human remains.
30. SANITATION INSPECTOR - a government officer, employed by the national, provincial, city or municipal government, who enforces sanitary rules, laws and regulations and implements environmental sanitation activities under the supervision of the provincial/city/municipal health officer/sanitary engineer.
31. SANITARY ENGINEER - a person duly registered with the Board of Examiners for Sanitary Engineers (Republic Act 1364) and who heads the sanitation division/section/unit of the provincial or city or municipal health office or rural health unit or employed with the Department of Health or its regional health offices.
32. SANITARY PERMIT - the permission or certification in writing of the city or municipal health officer or in his absence the chief or head of the sanitation division/section/unit that the establishment complies with existing sanitation requirements upon evaluation or inspection conducted in accordance with Presidential Decree Nos. 522 and 856 and local ordinances.
33. UNDERTAKER - a duly licensed person who practices undertaking.
34. UNDERTAKING - the care, transport and disposal of the body of a deceased person by any means other than embalming.
SECTION 3. BURIAL GROUND REQUIREMENTS

3.1 The following are the requirements for securing an initial clearance from the Department of Health in establishing and opening of a public cemetery or memorial park:

3.1.1 Application for establishing and opening of a cemetery or a memorial park.

3.1.2 Resolution of the city/municipal council for the cemetery site embodying therein the strict compliance to these rules and regulations.

3.1.3 Map of the proposed cemetery in triplicate copies indicating the dimensions of the cemetery in length and width and the 25 - 50 meter zones, the dwelling places and sources of water supply within said zones.

3.1.4 Title of ownership of the land proposed to be utilized as a cemetery, duly registered with the office of the registrar of deeds of the province/city.

3.1.5 Certification from the sanitary engineer of the Department of Health with regards to the suitability of the land proposed to be utilized as a cemetery, as to the depth of water table during the dry and rainy seasons, highest flood level, direction of run-off, drainage disposal, the distance of any dwelling house within the 25 meter zone and drilling of a well or any source of potable water supply within the 50 meter zone.

3.1.6 Plan for the construction of a reinforced concrete wall or steel grille or combination thereof with a minimum height of two (2) meters around the cemetery with a steel grille main door provided with a lock.

3.1.7 Plan for the construction of a chapel or a structure/building for public assembly within the cemetery. It shall have a minimum area of 50 square meters, (5 m x 10 m) where funeral ceremonies may be held and serves as a haven for protection against the sun or rain.

3.1.8 Plan for the construction of a 4-meter wide main road from the gate to the rear and the 1-meter minimum cross roads which divide the cemetery in lots and sections.

3.1.9 Topographic map of the cemetery zone.

3.1.10 Technical description of the proposed cemetery showing the following:

- a. The name of the cemetery or memorial park or in case of private burying ground, the name of applicant, and the barangay, municipality or city or province where the proposed site is located;
- b. Exact dimension of all the sides of the proposed cemetery site;
- c. The area of said site;
- d. The 25 meter zone around the property delimited;
- e. The name of all the land or residential owners within the 25 meter zone, indicating the portion/s belonging to each owner;
- f. The direction of the compass, the top of the plan be the North; and
- g. The distance of the corners of the proposed cemetery site proper from some known and permanent topographical objects, or some characteristics of the place which will facilitate the accurate identification of the cemetery site proper even if its fence or wall is removed.

3.2 In case the land involved is a public land, the site shall be set aside by the President of the Philippines for cemetery purposes. The application shall be couriered through the Lands Management Bureau, Department of Environment and Natural Resources in the form of a resolution by the city or municipal council or provincial board whichever body is concerned.

3.3 When the site is owned by the municipality or component city, the provincial board may set aside the said land for cemetery purposes upon recommendation of the city or municipal council concerned. For chartered/highly urbanized city, the city council concerned shall set aside such land.

3.4 In case the land involved is a private property, the title of ownership shall be duly registered with the register of deeds. If a donation, the deed of donation shall be likewise registered.

3.5 The following are the requirements for securing an initial clearance from the Department of Health for private burial grounds or place of enshrinement (including sectarian burial areas, catacomb, mausoleum):

3.5.1 Compliance to Section 3, paragraph 3.1, sub-paragraphs 3.1.1, 3.1.3 - 3.1.5 and 3.1.9 - 3.1.10 of these rules and regulations;

3.5.2 Resolution by the city/municipal council permitting the establishment of the private burial ground;

3.5.3 Certification by the city/municipal planning and development office with regards to the proposed site location;
3.5.4 Certification by the city/municipal engineer that the design of the proposed structures conforms to the National Building Code of the Philippines;

3.5.5 Size of the burial private ground shall be at least 1.2 hectares which includes a buffer zone of 50 meters around the niche or space for interment;

3.5.6 Burial shall be limited to 10 niches occupying an area not more than 30 square meters to be located at the center of the proposed site;

3.5.7 Additional burials shall not exceed or go beyond the 30 square meters designated site and shall be constructed only over and above the existing niches, but in no case more than 4 niches or 3.0 meter high whichever is lower;

3.5.8 All niches shall be totally enclosed with concrete or other impervious material strictly watertight and the flooring slightly sloped at the center; a 5 cm. noncorrosive “weep hole” shall be provided and constructed directly resting on the ground; the “weep hole” shall be located at the opposite side of the niche’s opening and not exposed to the atmosphere as a drain; a reverse of an air vent; (also applicable to apartment-type or honeycomb-type or capsule-type arrangement of niches).

3.6 The regional health director shall issue an initial clearance upon submission and review of the requirements stated in paragraph 3.1 for public cemetery/memorial park or paragraph 3.5 for private burial grounds.

3.7 Upon completion of the cemetery or memorial park or private burial ground and before its operation, a validation as to compliance to the requirements stated in paragraph 3.1 or paragraph 3.5, as the case maybe, shall be conducted by the regional health office concerned. An operational clearance shall be issued by the regional health director which shall be the basis for issuance of the sanitary permit by the local health office.

3.8 Sanitary Requirements for Burial Grounds:

3.8.1 Toilet and Handwashing Facilities

a. Adequate, clean and accessible toilet facilities for male, female and disabled persons/personnel shall be provided in properly located areas.

b. Adequate lavatories with sufficient supply of soap and hand dryer shall be provided within or adjacent the toilet rooms.

c. Toilet rooms shall be completely enclosed, properly lighted and ventilated.

d. All toilets shall have good ventilation either by windows or exhaust fans.

e. Odor absorbent materials such as saw dust and activated carbon shall be installed in the toilet rooms.

f. The walls of toilet rooms shall be painted or finished in light color.

g. The number of water closets shall be provided in accordance with the following tables:

<table>
<thead>
<tr>
<th>Table 1. Male Comfort Room</th>
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<tbody>
<tr>
<td>Number of Persons</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Below 50</td>
</tr>
<tr>
<td>50 - 100</td>
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For each additional 100 males: one (1) toilet, one (1) urinal and one (1) lavatory.

<table>
<thead>
<tr>
<th>Table 2. Female Comfort Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Persons</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Below 30</td>
</tr>
<tr>
<td>30 - 100</td>
</tr>
</tbody>
</table>

One (1) toilet for each additional 50 females.
One (1) lavatory for each additional 100 females.

<table>
<thead>
<tr>
<th>Table 3. Personnel Comfort Room</th>
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</thead>
<tbody>
<tr>
<td>Number of Personnel</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Below 50</td>
</tr>
<tr>
<td>50 - 99</td>
</tr>
</tbody>
</table>

For every 100 and above, one (1) fixture for each 50 personnel.

3.8.2 Toilet Structural Requirements

a. Approval of the local health officer based on the recommendation of the city/municipal engineer or sanitary engineer as to the following:

i. Plans of the toilet
ii. Plumbing connection (in compliance with the National Plumbing Code of the Philippines)

iii. Individual sewage disposal system, sub-surface absorption system or other treatment device.

b. Minimum Space Requirement:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Square Meters/Unit</th>
<th>Square Feet/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilet</td>
<td>1.50</td>
<td>10</td>
</tr>
<tr>
<td>Lavatories</td>
<td>1.11</td>
<td>12</td>
</tr>
<tr>
<td>Urinals</td>
<td>1.11</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 4. Comfort Room Space Requirement

c. Minimum height of toilet ceiling: 2.50 meters.

d. Lighting: Not less than 10 foot-candle (107.6 lux)

e. Natural Ventilation: Window space shall be at least 10% of the floor area of toilet room.


3.8.3 Water Supply

a. The water supply shall be adequate and potable whether from a public or from a private water supply system. The quality of water used shall be in accordance with the Philippine National Standards for Drinking Water.

i. All water sources shall have a certificate of potability of drinking water issued by the local health officer.

ii. A minimum supply of forty (40) liters per capita per day shall be maintained.

3.8.4 Food and Drink

a. Dispensing of food and drink shall be in accordance with Chapter III - “Food Establishments” of the Code on Sanitation of the Philippines (P.D. 856) and its implementing rules and regulations.

3.8.5 Sewage Disposal and Drainage

a. Sewage from the burial ground plumbing system shall be connected to a public sewerage system, or in the absence thereof, to an imhoff or septic tank or other wastewater treatment facility and subsurface absorption field. A transition of one (1) year period shall be afforded to the owner of the burial ground to comply with these rules and regulations. No renewal of sanitary permit shall be issued after the transition period.

b. Storm water shall be discharged to a storm sewer system in all areas where it exists.

3.8.6 Solid Waste Management

a. Each strategic area of the burial ground shall be provided with at least two (2) refuse receptacles or containers, one for biodegradable and one for non-biodegradable materials provided with tight fitting cover. It shall be lined with black color coded plastic bag for non-biodegradable and green color coded plastic bag for biodegradable materials. Collection of refuse shall be done by the personnel of the burial ground.

b. Accumulation of refuse which may become harborage and breeding places of vermin shall not be permitted.

c. The collection, segregation, storage and disposal of refuse shall be in accordance with sanitary procedures and regulations.

d. Separate storage room/bin for dry and wet refuse shall be provided.

3.8.7 Vermin Control

a. A vermin abatement program shall be maintained in the burial ground premises by the owners, operators or administrators. If they fail, neglect or refuse to maintain a vermin abatement program, the local health agency will undertake the work at the expense of the owners, operators or administrators.

b. Office rooms, toilet rooms and other openings to outdoor space shall be screened, unless air-conditioned. Doors shall be tight-fitting and self-closing.
c. All below grade openings such as windows, lighting and ventilation shall be rat-proofed. Likewise, all openings in the exterior walls and roof shall be rat-proofed. In case of heavy rat infestations, wooden exterior floors shall be covered with cuff and chain sheet metal and equipped with an automatic closing device.

d. The growth of bush, weeds and grass shall be controlled to prevent harborage of ticks, bugs and other noxious insects.

SECTION 4. BURIAL REQUIREMENTS

4.1 Death Certificate Requirements

4.1.1 No remains shall be buried or cremated without a death certificate;

4.1.2 The death certificate must be issued by the attending government or private physician;

4.1.3 In extreme cases, where no physician in attendance, it shall be issued by the:

(a) City/municipal health officer
(b) Mayor, or
(c) The secretary of the municipal board, or
(d) A councilor of the municipality where the death occurred.

The basis of the death certificate shall be an affidavit duly executed by a reliable informant stating the circumstances regarding the cause of death; and

4.1.4 The death shall be reported to the local health officer within 48 hours after death and the death certificate shall be forwarded to the local civil registrar concerned within 30 days after death for registration.

4.2 Shipment of Remains

The following are the requirements in the shipment or transfer of cadaver from one place to another:

4.2.1 Death certificate shall be secured;

4.2.2 Transfer permit shall be secured from the local health authority of the point of origin;

4.2.3 The remains shall be properly embalmed;

4.2.4 Transit permit shall also be secured from places where the remains will pass if local ordinances of such places so require; and

4.2.5 Shipments of remains to and from abroad shall be governed by the rules and regulations of the National Quarantine Office.

4.3 Grave Requirements

4.3.1 Graves where remains are buried shall be at least one and one half (1.5) meter deep and filled well and firmly; and

4.3.2 No remains shall be buried in a grave where water table is less than two (2) meter deep from the natural ground surface.

4.4 Cost of Burial

4.4.1 The cost of burial of a dead person shall be borne by the nearest kin in the following order:

(a) The spouse;
(b) The descendant in the nearest degree;
(c) The ascendant in the nearest degree; and
(d) The brothers and sisters.

4.4.2 In the absence of the nearest kin above or if the kin is not financially capable of defraying the expenses, the cost shall be borne by the city or municipal government.

4.4.3 Every funeral shall be in keeping with the customs and traditions of the deceased and in accordance with the expressed wishes and religious beliefs of the deceased provided it is in accordance with law.

4.5 Burial of Remains

The burial of remains in city or municipal burial grounds and similar burial grounds like cemetery/memorial parks, etc. shall not be prohibited on account of race, nationality, religion or political persuasion.

4.6 Medico Legal Cases

4.6.1 If the local health officer who issues a death certificate has reasons to believe or suspect that the cause of death was due to violence or crime, he shall notify immediately the authorities of the Philippine National Police or National Bureau of Investigation concerned. There is violence or crime when the cause of death was due but not limited to the following: stab wounds, gunshot wounds, suicide of any kind, strangulation, accident resulting to death, actual physical assault inflicting injuries upon a person resulting to death, or any other acts or violence upon a person resulting to death and or sudden death of undetermined cause.
4.6.2 In case the cause of death was due to violence or crime mentioned in the preceding sub-section, the deceased shall not be buried until permission is obtained from the provincial or city prosecutor where the death occurred.

4.6.3 In case of absence of the city or provincial prosecutor, permission shall be obtained from any of these government officials in the place where the death occurred:
   a. Municipal or city judge;
   b. Municipal or city mayor; and
   c. Chief of police.

4.6.4 Permit to exhume for medico-legal purposes may be granted subject to the following conditions:
   a. That the death of the deceased shall first be registered in the office of the local civil registrar of the city/municipality concerned;
   b. Exhumation and transfer permits as required under these rules and regulations shall be secured;
   c. That only proper authorities (e.g. medico-legal officer, local health officer) and persons authorized to be present in the exhumation and investigation shall be allowed; and
   d. That immediately upon exhumation, the remains shall be disinfected and after the necessary investigation by the authorities concerned shall have been completed, the same shall be re-buried at the authorized burial place.

4.6.5 Unembalmed Dead Body
   a. No unembalmed dead body shall remain unburied longer than 48 hours after death except:
      i. When permitted by the local health authority for valid reasons such as flood, calamities and disasters, provided, that the cause of death was not due to dangerous communicable disease;
      ii. When there is a necessity for legal investigation. However, such unembalmed remains shall not remain unburied for more than 72 hours regardless of the cause of death.

4.7 Death due to Dangerous Communicable Diseases

4.7.1 Classification of Dangerous Communicable Diseases
    The following are the Dangerous Communicable Diseases:
    a. Acquired Immune Deficiency Syndrome (AIDS) /HIV Infection;
    b. Cholera;
    c. Ebola hemorrhagic fever;
    d. Hepatitis;
    e. Plague;
    f. Yellow Fever;
    g. Menigococcemia; and
    h. Other dangerous communicable diseases that will be declared by the Department of Health.

4.7.2 The following are the requirements when the cause of death is a dangerous communicable disease:
    a. The remains shall be buried within 12 hours after death;
    b. The remains shall not be taken to any place of public assembly;
    c. Only the adult members of the family of the deceased shall be permitted to attend the funeral;
    d. The remains shall be placed in a durable, air tight and sealed casket; and
    e. No permit shall be granted for the transfer of such remains.

SECTION 5. DISINTERMENT OR EXHUMATION REQUIREMENTS

5.1 General Requirements. The disinterment or exhumation permit shall be issued by the local health officer and all disinterment of remains shall be under his supervision.

5.1.1 Requirements for the disinterment or exhumation of remains of persons who died of non-dangerous communicable disease:
    a. Permission to disinter the bodies or remains of persons who died of other than dangerous communicable disease may be granted after such bodies have been buried for a period of three (3) years;
    b. The remains upon exhumation shall be disinfected and placed in a sealed coffin case or box, and properly identified as to the name of the deceased, date and cause of death and place of reinterment;
c. Exhumation and transfer permits shall be secured from the point of origin;
d. Death certificate; and
e. Reburial permit shall be secured at the place of reinterment.

5.1.2 Requirements for the disinterment of remains of persons who died of dangerous communicable disease:
a. Bodies or remains of persons who died of any dangerous communicable disease shall be exhumed after a lapse of five (5) year burial period;
b. The remains upon exhumation shall be disinfected then placed in a hermetically sealed container, properly identified as to the name of the deceased, date and cause of death and place of origin;
c. Exhumation and transfer permits shall be secured from the point of origin;
d. Death certificate; and
e. Reburial permit to be secured at the place of reinterment.

5.1.3 Disinterment of remains covered in Section 5, paragraphs 5.1.1 and 5.1.2 of these rules and regulations may be permitted within a shorter time than the prescribed period in special cases such as requested by the court, police, agent of the National Bureau of Investigation (medico legal cases) subject to the approval of the regional health director concerned.

SECTION 6. CLOSURE AND REMOVAL OF CEMETERIES

6.1 Upon the recommendation of the local health authority, a cemetery may be ordered closed by the regional health director subject to the approval of the Secretary of Health when its further use poses a threat to public health such as when:

6.1.1 The requirements for the 25 meter and 50 meter distance from the nearest dwelling house and source of water supply, respectively, are no longer met.

6.1.2 The cemetery has been utilized in full and further burials can no longer be made.

6.2 Additional requirements for closures and removal of existing cemeteries:

6.2.1 Resolution for the closure or removal of said cemetery shall be passed by the city or municipal council concerned.

6.2.2 Exhumation and transfer permits as required under these rules and regulations shall be secured from the local health authority as recommended by the local health officer.

6.2.3 For the purpose of notification, individual notices, publication in national and local newspapers or posting in conspicuous places of the list of names of the deceased persons to be exhumed shall be made for 30 days prior to the date of exhumation, to give opportunities to the relatives to claim for the remains buried therein for whatever disposition they may take in accordance with the provisions of the law.

6.2.4 All the remains for exhumation shall be disinfected and those claimed by relatives shall be placed in separate coffins, cases or boxes securely fastened and properly identified as to the names of the deceased, dates and causes of deaths and places of reburial. The unclaimed remains shall be placed in one box or case and in a common grave at the authorized burial place.

6.2.5 The exhumation and reburial of the remains shall be under the supervision of the local health officer concerned who shall see to it that public health is not endangered.

SECTION 7. REQUIREMENTS FOR THE RE-OPENING OF BURIAL GROUNDS

7.1 A cemetery that has been closed due to violation under Section 6, paragraph 6.1 of these rules and regulations shall be re-opened only upon compliance of all the requirements stipulated in these rules and regulations.

7.2 The regional health director with the approval of the Secretary of Health may authorize the re-opening after inspection has been performed and the compliance has been done by owner or operators of the cemetery.

7.3 The report form on old cemetery shall be properly accomplished especially with regard to the date of the last interment.

7.4 Resolution of the city/municipal council for the re-opening of the cemetery.

7.5 A general exhumation shall be made after the necessary exhumation and burial permits are secured from the local health authority as recommended by the local health officer, and the relatives or nearest of kin of the deceased persons are duly notified to enable them to claim the remains for reburial at any authorized burial place.

7.6 For the purposes of notification, individual notices and publication or posting of the list of the names of the deceased persons to be exhumed shall be made for a period of thirty (30) days prior to the date of exhumation.
7.7 All the remains upon exhumation shall be disinfected. Those remains claimed by relatives shall be placed in a separate coffin, case or box and be properly identified as to the names of the deceased, dates and causes of deaths and places of reburial. The unclaimed remains shall be placed in one box or case in a common grave within the cemetery which should be permanently covered to safeguard public health. Once the exhumation has been made, the cemetery ground shall be leveled and all the roads and paths, the chapel, other structures and the fence constructed or reconstructed shall be maintained in good sanitary condition.

7.8 Earthworks, demolition, construction, rehabilitations and other related works shall start only after all the exhumations have been completed.

7.9 The re-opening of the cemetery shall conform to all the requirements and conditions stipulated in these rules and regulations.

SECTION 8. REQUIREMENTS FOR THE ESTABLISHMENT AND OPERATION OF CREMATORIUM

8.1 General Requirements

8.1.1 No crematorium shall be established without submitting a feasibility study reviewed by the regional health office concerned and approved by the Secretary of Health or his duly authorized representative.

8.1.2 No crematorium shall be operated without a sanitary permit issued by the local health officer. The sanitary permit shall be valid for one (1) year ending on the last day of December of each year and shall be renewed every first month of the year thereafter. The permit shall be posted in a conspicuous place in the crematorium and shall be available for inspection by authorized national and/or local health personnel.

8.1.3 All personnel who undertake the care, handling, transport and disposal of the deceased by cremation must be a licensed undertaker. Undertakers must wear cover all, rubber gloves, face mask and other appropriate personal protective equipment when working.

8.1.4 No person shall be employed in the crematorium without a health certificate issued by the local health office.

8.1.5 Washing facilities with soap, detergents and germicidal solution shall at all times be available exclusively for use of personnel working in a crematorium.

8.1.6 No person other than the personnel working in a crematorium shall be allowed to enter the cremation room.

8.1.7 Public and private cemeteries, funeral parlors, and hospitals shall be allowed to establish and operate crematoria subject to the prescribed requirements of these implementing rules and regulations.

8.2 Design and Construction

8.2.1 A crematorium must be designed and constructed with cremation room, waiting and/or viewing room, toilet facilities, washing facilities, processor (grinder) and a mortuary refrigerator/freezer. A mortuary refrigerator/freezer shall be provided for safe storage until final disposition and temporary holding peak activity or emergency situations.

8.2.2 The cremation room shall be separated by a transparent glass and concrete wall from the waiting and/or viewing room. It shall be provided with sufficient fire fighting equipment as approved by the local fire department.

8.2.3 The gas room/storage shall be constructed with concrete or impervious material and located below the ground five (5) meters away from the cremation and waiting/viewing rooms.

8.2.4 An inlet measuring 75 cm. by 75 cm. at the cremation room shall be provided if a single crematorium equipment is installed for proper combustion and cooling of the equipment. The inlet may be louvered and screened and shall be located near the rear of the unit.

8.2.5 The crematorium oven shall have a temperature of 800 °C to 1,200 °C with a detention time of 5 to 6 hours.

8.2.6 The design of the smoke stack shall be in accordance with the standards of the Department of Environment and Natural Resources.

8.3 Disposal of Cremated Remains

8.3.1 Cremated remains must be reduced to the size of a fine sand or ashes and placed in a cremains container before they are turned over to the relatives of the deceased. Cremains container must have a minimum capacity of 0.0049 cubic meter and made of polyethylene provided with liner bag (preformed 5 mil plastic) with locking tie and identification label.
8.3.2 Public and private cemeteries or private burial grounds shall be made as place for the disposal of cremated remains. However, where the relatives of the deceased so wished, the cremated remains shall be allowed to be brought home only in a cremains container. The disposal of which shall be in accordance with the provisions of Chapter XVIII - “Refuse Disposal” of the Code on Sanitation of the Philippines (P.D. 856) and its implementing rules and regulations.

8.3.3 Public and private cemeteries or other places shall be designated as special areas for the permanent repository of cremated remains either below the ground or above the ground niches. Such designated areas are those within the 25 meter zones measured from the property line.

8.3.4 Shipment of cremated remains to and from the Philippines shall require a transfer permit at the point of origin while shipment abroad shall be governed by the regulations of the National Quarantine Office.

SECTION 9. FUNERAL AND EMBALMING ESTABLISHMENTS

9.1 Scope

This Section shall be applied and enforced to funeral parlors/chapels, embalming establishments and morgues.

9.2 Sanitary Permit

9.2.1 No establishment mentioned in the preceding paragraph shall be operated without a sanitary permit.

9.2.2 Any extension or additional construction or alteration in an establishment shall require a new sanitary permit before it could be operated.

9.2.3 Application or renewal of the sanitary permit.

a. The application or renewal of the sanitary permit of an establishment shall be filed with the city or municipal health office where it is located.

b. Sanitary permit shall be issued upon compliance with the sanitary rules and regulations.

c. The fees for the application, renewal and noting of the sanitary permit shall be paid to the local government unit. The amount of fees shall be set through city or municipal ordinance.

d. Noting of Permit. If there is a change in ownership of funeral and embalming establishments, the new owner shall apply to the city/municipal health office within fourteen (14) days to have such change noted in the records and permit certificate and shall pay the corresponding fee for such noting.

e. Validity. The sanitary permit shall be valid for one (1) year, ending on the last day of December of each year, and shall be renewed every first month of the year thereafter. Upon the recommendation of the local health officer, the sanitary permit shall be suspended or revoked upon violation of any sanitary rules and regulations.

f. Posting of Permit. The sanitary permit shall be posted in a conspicuous place of the establishment and shall be available for inspection by authorized health and other regulatory personnel.

g. Record of sanitary permit. Every city/municipality shall keep a record of all funeral and embalming establishments with the following informations:

i. The name and address of the holder of the permit;

ii. The location of the establishment;

iii. The nature/kind of business for which the permit has been issued;

iv. The date the permit was issued and the dates of any renewal thereof;

v. Every change of management of the establishment since the first permit was issued;

vi. Conditions under which the permit was issued or any renewal thereof granted; and

vii. The revocation of the permit.

h. The record shall be available at all reasonable times for inspection by any authorized officer of the Department of Health or local government unit.

9.3 Personnel

9.3.1 Undertakers

a. Funeral parlors shall employ undertakers who shall be responsible for the care, handling, transfer and disposal of dead bodies/remains.

b. The undertakers shall have an up-to-date health certificate issued by the local health office.
c. Undertakers shall be licensed and registered under the Department.
d. Undertakers shall be licensed to practice undertaking only after compliance with the requirements prescribed by the Department of Health. Such license is renewable every beginning of the year at their respective regional health offices.
e. Responsibilities of undertakers shall include the following:
i. Care and arrangement of the deceased during vigils and application of sanitary precautions in placing the remains inside the casket;
ii. Assure that all caskets to be used are hermetically tight;
iii. Accompany the transfer of deceased persons by land or by sea at a distance more than 50 kilometers from the place of origin; and
iv. Update their knowledge by undergoing training conducted by Department of Health accredited trainers/ institutions/ associations.

9.3.2 Embalmers
a. Funeral parlors with embalming facilities and offering embalming services shall employ an embalmer licensed and registered with the Department of Health.
b. The embalmers shall have an up-to-date health certificate issued by the local health office.
c. Embalmers shall be licensed to practice embalming only after compliance with the requirements prescribed by the Department of Health. Such license is renewable every beginning of the year at their respective regional health offices.
d. Responsibilities of embalmers shall include the following:
i. Attend to all procedures of embalming of remains;
ii. Ensure that no parts of the remains shall be removed during embalming;
iii. Apply all sanitary precautions in embalming of remains; and
iv. Update their knowledge by undergoing training conducted by Department of Health accredited trainers/ institutions/ associations.

9.3.3 Other Personnel
a. Other personnel of the establishment shall have an up-to-date health certificate.

9.4 Classification of Funeral Establishments
Funeral establishments shall be classified in three (3) categories which are described as follows:

9.4.1 Category I. Establishments with chapels and embalming facilities and offering funeral services;
9.4.2 Category II. Establishments with chapels and offering funeral services but without embalming facilities; and
9.4.3 Category III. Establishments offering only funeral services from the house of the deceased to the burial place.

9.5 Sanitary Requirements for Funeral Chapels
9.5.1 Funeral chapels shall be adequately lighted and ventilated.
9.5.2 Each chapel shall be provided with bathroom with one shower head, one water closet and one lavatory for each gender.
9.5.3 There shall be adequate potable water always available.
9.5.4 The food preparation area shall be in accordance with Chapter III - "Food Establishments" of the Code on Sanitation of the Philippines (P.D. 856) and its implementing rules and regulations.
9.5.5 There shall be two (2) waste receptacles, one for biodegradable and the other for non-biodegradable waste with tight-fitting cover and placed in appropriate visible location for easy access and collection in accordance with Chapter XVIII - "Refuse Disposal" of the Code on Sanitation of the Philippines (P.D. 856) and its implementing rules and regulations.
9.5.6 A regular vermin abatement program shall be maintained in accordance with Chapter XVI - "Vermin Control" of the Code on Sanitation of the Philippines (P.D. 856) and its implementing rules and regulations.

9.6 Sanitary Requirements for Embalming and Dressing Rooms
9.6.1 Embalming and dressing rooms shall be constructed of concrete or semi-concrete materials.
9.6.2 There shall be provided a minimum working space of 1.50 m. x 2.0 m. for every remains.
9.6.3 The floors shall be constructed of concrete or other impervious or easily cleaned material that is resistant to wear and corrosion and shall be sloped to drain; all angles between the floors and walls shall be rounded off to a height of not less than 7.62 cm. (3 inches) from the floor.

9.6.4 Floor drains shall be provided. It shall be constructed and sloped to drain that all washing and body fluids shall flow to waste water treatment facility separate from the septic tank. All solid wastes which include pathological and infectious wastes shall be placed in receptacles lined with yellow plastic bag while sharps shall be placed in receptacles lined with red plastic bag or any approved type of sharps collector.

9.6.5 The internal surface of walls shall have a smooth, even, non-absorbent surface easily cleaned without damage to the surface and constructed of dust-proof materials.

9.6.6 All ceilings or if no ceiling is provided, the entire under-surface of the roof shall be dust-proof and washable.

9.6.7 All lightings shall be free from glare and distributed so as to avoid shadows.

9.6.8 Ventilation shall be provided which shall be effective and suitable to maintain comfortable condition. The natural air supply in any room shall in no instance be less than 0.005 cubic meter per second per person.

9.6.9 Embalming shall be performed on a table made of single marble slab or aluminum, stainless steel or other equally impervious materials with a minimum size of 0.60 m. x 1.80 m.

9.6.10 Embalmers and assistants shall use personal protective equipments such as rubber gloves, aprons, boots and safety goggles while working.

9.6.11 Washing facilities with soaps, detergents and germicidal solutions shall be provided for use of the working personnel.

9.6.12 Embalmers and assistants shall be provided with lockers and closets for personal protective equipment and a separate closet for chemicals used for embalming.

9.7 Sanitary Requirements for Morgues

9.7.1 Location. The morgue shall be constructed either as a separate structure or part of the funeral and embalming establishments. In either case, strict privacy must be maintained.

9.7.2 Size. The size of the morgue depends on the number of remains to be stored. The cadavers shall be contained in tanks divided into compartments. Each compartment must have the following dimensions: length of 2.50 meters, width of 1.50 meters and a depth of 2.50 meters. Every compartment shall be provided with a drain pipe leading into a separate waste water treatment facility from the septic tank. The cover of each compartment shall be provided with tight fitting lids.

9.7.3 Lighting and ventilation. The aggregate window area shall not be less than 1/10 of the floor area. The room shall be well ventilated and well lighted. In addition to those openings, exhaust ducts of at least 1/50 of the floor area shall be provided in the ceiling or as close to the ceiling as possible.

SECTION 10. EVALUATION AND INSPECTION

10.1 Responsible Officer

It shall be the duty of the city/municipal health officer to cause the evaluation and inspection of every establishment herein mentioned at least once every three (3) months and to cause additional inspections and re-inspections and evaluation as deemed necessary for the enforcement of these rules and regulations. Inspection of the establishment shall be conducted within seven (7) days after payment of inspection fee to the city/municipal treasurer concerned.

10.2 Sanitation Inspection Fee

The fees payable for every inspection shall be of such amount prescribed by local ordinance.

10.3 Mission Order

10.3.1 The city/municipal health officer or the chief of sanitation division/section/unit of the local health office, as the case maybe, shall issue a mission order (EHS Form No. 112) for every sanitation inspection that will be conducted by the sanitary engineer/sanitation inspector.

10.3.2 The mission order must contain the date, mission order number and series, the name of the inspector and I.D. number, the business names, addresses, categories of establishments to be inspected and the scheduled dates of inspection. This must be shown to the owner/operator of the establishment before any inspection is conducted. The immediate supervisor of the inspector shall monitor the enforcement of the mission order.
10.3.3 Sanitary inspection conducted without a mission order is prohibited.

10.3.4 The owner/operator of the establishment shall report to the local health officer or chief of sanitation division/section/unit the unauthorized inspection that was executed.

10.4 Uniform of the Sanitation Inspector and Aids to Inspection

10.4.1 The sanitation inspector shall wear the prescribed uniform of the office with the proper identification card while conducting the inspection.

10.4.2 He shall likewise bring all the equipment and supplies needed in the inspection such as the inspection forms, clipboards, thermometers, flashlight, metal measuring tape, camera, light meter, water pressure gauge, chlorine residual and pH comparator kits, blacklight, etc., and copy of the sanitation laws and other materials.

10.5 Recording of Inspection

10.5.1 The sanitary engineer/sanitation inspector shall keep a record of all inspections or evaluation reports in an inspection form (EHS Form No. 103-B).

10.5.2 The sanitary engineer/sanitation inspector shall furnish the original of such report to the owner/operator.

10.5.3 Demerits entered in the appropriate column of the inspection form shall indicate that the item does not conform with the requirements of these regulations.

a. The inspection form has twenty (20) items. Non-complying item is indicated with an (X). Every such item is weighted with a demerit of 5. The rating of the establishment is therefore: 100 less (number of demerits x 5). The result is expressed as a percentage (%) rating.

10.5.4 Sanitation Standard

a. The percentage rating has an equivalent sanitation standard as follows:

<table>
<thead>
<tr>
<th>Percentage Rating</th>
<th>Sanitation Standard</th>
<th>Color Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% - 100%</td>
<td>EXCELLENT</td>
<td>Luminous Green</td>
</tr>
<tr>
<td>70% - 89%</td>
<td>VERY SATISFACTORY</td>
<td>Luminous Yellow</td>
</tr>
<tr>
<td>50% - 69%</td>
<td>SATISFACTORY</td>
<td>Luminous Red</td>
</tr>
</tbody>
</table>

b. The sanitation standard rating sticker (SSRS) (EHS form No. 104-A/C) shall be posted in a conspicuous part of the establishment preferably at the door, for the guidance of the guests and the general public. It shall be updated once every three (3) months, unless revoked earlier.

10.5.5 The average sanitation standard of every category of establishments shall be evaluated by the local health officer/chief of sanitation division/section/unit every end of the year to determine its improvement/maintenance of rating.

10.6 Report of Inspection

10.6.1 The sanitary engineer/sanitation inspector who conducted the inspection shall complete the sanitary inspection report, and whenever an inspection form issued indicates non-complying items, he shall notify the owner/operator of the corrections to be made and indicate a reasonable period for its compliance.

a. The recommended corrective measures shall be specific for easy understanding of the owner/operator of the establishment.

b. Reasonable period of compliance or grace period shall be inclusive of Saturdays, Sundays and holidays.

10.6.2 The sanitary engineer/sanitation inspector who conducted the inspection shall likewise prepare a sanitary order (EHS Form No. 107) for approval of the local health officer or chief of the sanitation division/section/unit as the case may be.

10.6.3 Within 48 hours after the evaluation or inspection, the original copy of the inspection report (EHS Form No. 103-B) and sanitary order shall be furnished and acknowledged by the holder of the sanitary permit or the owner or operator of the establishment. The inspection report shall be personally delivered, or shall be sent through postal service, registered with return card.

10.7 Re-inspection

10.7.1 If upon re-inspection after the deadline, the sanitary engineer/sanitation inspector finds the correction has not been effected, he shall report to the local health officer who shall recommend to the local health authority the revocation of the sanitary permit.
10.7.2 A copy of the inspection form and any notice served shall, in all cases be filed and kept by the local health office and be available at all reasonable time for inspection by authorized officials.

10.8 Service of Notice

10.8.1 Whenever an evaluation or inspection form indicates non-complying items, the local health officer shall serve to the owner/operator of the establishment a sanitary order requiring him, within the grace period stated in the order, to take remedial action as maybe specified therein.

10.8.2 In the event of non-compliance of the first sanitary order by the owner/operator, the local health officer may serve a second notice:

i. Second Sanitary Order

   i. If the owner/operator of the establishment needs additional time to comply with the first sanitary order, he shall request the local health officer in writing prior to the expiration of the sanitary order for an extension of the grace period. The local health officer, upon the recommendation of the sanitary engineer/sanitation inspector who conducted the inspection, will act on such request.

   ii. Notice of Hearing (EHS Form No. 118). The local health officer shall call the owner/operator of the establishment to show cause, at a time and place stated in the notice, why the permit issued in respect of the establishment should not be revoked.

10.9 Revocation of Permit

10.9.1 After prior notice and hearing as provided above, the local health officer, if satisfied that the terms of the two notices have not been complied with or failure to comply therewith is not excusable, shall recommend the revocation of the said permit, or,

10.9.2 After a second sanitary order on an extended grace period, a re-inspection was conducted and still the owner/operator fails to comply with such order as reported by the sanitary engineer/sanitation inspector, the local health officer shall recommend the revocation of the permit without delay and shall inform other related agencies of the city/municipality of the revocation.

10.9.3 Lifting of suspension of permit may be recommended whenever the owner/operator of the establishment complies with the notices.

10.9.4 The owner of the establishment may file a motion for reconsideration to the local health authority if he is not satisfied with the action of the local health officer.

10.9.5 The local health authority may file court proceedings against any establishment for continuously operating after the revocation of its permit.

10.10 Summary Suspension of Permit

Whenever the local health officer finds unsanitary or unhealthy conditions in the operation of the establishment which in his judgement constitute a substantial hazard to public health, he shall recommend the immediate suspension of the sanitary permit to the local health authority. Any person to whom such order is issued may file a written petition and shall be afforded a hearing within 48 hours.

10.11 Appeals

The person or panel conducting the hearing may confirm, modify or reverse the decision appealed from which decision shall be final.

10.12 Power of Entry

Any sanitary engineer/sanitation inspector or duly authorized officer of the Department of Health or of the provincial, municipal or city health office, upon presentation of proper credentials may at all reasonable times enter into any establishment or premises engaged in activities covered by these rules and regulations for the purpose of inspection or any other action necessary for administration of these rules and regulations.

10.12.1 Sanitary inspections shall be conducted by officials in accordance with Section 10.3 of these rules and regulations.

10.12.2 Sanitary inspections shall be done preferably during the time while the establishment is in operation.

10.13 Hearings

The local health authority may conduct hearings regarding erring establishments to include appeals from establishments. The decision of the local health authority shall be deemed final and executory.
SECTION 11. COMMITTEE OF EXAMINERS FOR UNDERTAKERS AND EMBALMERS

11.1 Membership

11.1.1 A Committee of Examiners for Undertakers and Embalmers shall be created through a Department Order which will be hereinafter referred to as the “Committee” and shall be composed of:
- the Director of the Environmental Health Service
- one sanitary engineer
- one medical officer (preferably pathologist)
- one legal officer
- one representative from the Office for Public Health Services
- one representative from the undertakers and embalmers association

11.1.2 The Secretary of Health shall designate the chairman of the committee from among the members.

11.1.3 The Environmental Health Service shall serve as the committee secretariat.

11.1.4 Two (2) members shall hold office for three (3) years, another two (2) members for two (2) years and another two (2) members for one (1) year. However, the Secretary of Health may re-appoint any member for another term. All re-appointments shall be for a term of three (3) years.

11.2 Powers, Duties and Functions of the Committee

11.2.1 To announce, schedule and hold examinations for undertakers and embalmers; to approve or disapprove applications for examination and to perform all other duties pertinent and related thereto.

11.2.2 To issue licenses to undertakers and embalmers who have satisfactorily passed the examinations and have complied with the requirements prescribed by law; to deny the issuance of license to any candidate and/or to cancel the license issued to any holder of certificate upon conviction of any criminal offense involving moral turpitude, or has been found guilty of immoral or dishonorable conduct; or has been declared to be of unsound mind or physically unfit, or who has been found violating existing laws, rules and regulations as the case may be.

11.2.3 To issue certified true copies of lost or damaged licenses for undertakers and embalmers.

11.2.4 To conduct investigations of all sworn complaints against registered undertakers and embalmers or against the operation of embalming establishments and to submit its findings and recommendations to the Secretary of Health for appropriate action.

11.2.5 To accredit institutions, associations or trainers conducting training programs and review courses for undertakers and embalmers.

11.2.6 To establish criteria for the accreditation of institutions, associations or trainers who shall train the undertakers and embalmers.

11.2.7 To have visitorial powers on establishments and other related matters covered by these rules and regulations.

11.2.8 To perform other functions necessary to regulate, standardize, professionalize and uplift the practice of undertaking and embalming.

11.2.9 To perform such other related duties assigned by the Secretary of Health to implement pertinent provisions of the Code on Sanitation of the Philippines and these implementing rules and regulations.

11.3 Examination for Undertakers and Embalmers

11.3.1 Date of Examination
 Examination for undertakers and embalmers shall be conducted any day of the first week of March and September of every year. In exceptional cases, the committee may give examination on other dates outside the prescribed ones.

11.3.2 Place of Examination
 a. The examination for embalmers shall be conducted at the Department of Health, Manila or
 b. At any Department of Health regional health office as determined by the committee upon the recommendation of the regional director.
11.4 Qualification of Applicants

11.4.1 Applicants for embalmers must have the following qualifications:

a. He/she must be a Filipino citizen, at least twenty one (21) years but not more than sixty (60) years of age;

b. He/she must be of good moral character certified by the barangay captain of the community where the applicant resides;

c. He/she must submit a certification or clearance from the National Bureau of Investigation or provincial fiscal that he/she is not convicted by the court of any case involving moral turpitude;

d. He/she must submit a medical certificate from a government physician that he/she is physically and mentally fit;

e. He/she must be at least a high school graduate;

f. He/she must submit a certification from any Department of Health accredited institution, association or trainer that he/she had received basic instruction in Anatomy and Physiology, Microbiology and Parasitology, Sanitation and Hygiene, Ethics and Jurisprudence, or a certificate of training that he/she has received instruction on the above subjects from recognized school or college; and

11.4.2 Applicants for undertakers must possess the following qualifications:

a. Same as qualifications for embalmers except for item g.

b. Certification from a duly licensed funeral establishment attesting to the capability of the applicant to perform undertaking and that he/she has undergone apprenticeship for one year.

11.5 Application and Examination Fee

11.5.1 Applicants must submit to the committee secretariat two (2) copies of the prescribed application form duly accomplished and accompanied by two (2) copies of passport size photograph taken within the last six months.

11.5.2 Applicants shall pay an examination fee in the amount prescribed by the Department.

11.5.3 The application form and the examination fee including the necessary documents stated must be filed two weeks before the examination date in order for the applicant to be included in the list of examinees.

11.6 Scope of Examination

The examination shall be conducted in English or Filipino and will consist of theoretical and oral/practical questions. The theoretical examination shall be conducted in writing and comprise basic questions on Anatomy and Physiology; Microbiology and Parasitology; Sanitation and Hygiene; and Ethics, Jurisprudence and Practice of Undertaking and Embalming. The oral/practical examination for undertakers shall consist of the care, handling, transport and disposal of the remains while the oral/practical examination for embalmers shall consist of procedures and techniques in embalming the remains.

11.7 Passing Average

11.7.1 Only those who have passed the theoretical examination shall be allowed to take the oral/practical examination.

11.7.2 All examinees who passed the theoretical examination shall take the oral/practical examination within one (1) month after official advice, otherwise, the results of the theoretical examination shall be deemed cancelled.

11.7.3 In order that an examinee maybe deemed to have passed the examination successfully, he/she must obtained a general average of 75% without a grade below 50% in any subject given in the theoretical examination and a general average of 75% in the oral/practical examination.

11.8 Certificate of Registration of Undertakers and Embalmers

11.8.1 Issuance

a. All examinees who have passed the required examination shall be issued a certificate of registration duly signed by the chairman of the committee and approved by the Secretary of Health.

b. The certificate of registration shall bear a recent picture and signature of the successful examinee and will be valid for three (3) years. Original registration and miscellaneous fees shall be paid to the Department of Health (central office).
c. The certificate of registration shall be posted conspicuously in the establishment concerned.

11.8.2 Renewal of the Certificate of Registration

a. An undertaker or embalmer shall apply for the renewal of the certificate of registration and pay the registration and miscellaneous fees compounded for three years to the regional health office concerned.

b. The following requirements shall be presented when applying for renewal of the certificate of registration:

i. Certificate of the recent physical and medical examination issued by a government physician;

ii. Current professional tax receipt;

iii. Current community tax certificate;

iv. Receipt as payment of registration and miscellaneous fees for three years in the amount prescribed by the Department of Health;

v. Certificate of attendance to continuing education/training on undertaking and embalming conducted by institutions/associations/trainers accredited by the Department of Health; and

vi. When all the requirements are found in order, the said certificate shall be stamped with the notation “VALIDITY EXTENDED TO THE END OF YEAR _____” and the receipt number of registration fee and the signature of the regional health director concerned shall be affixed below.

c. The regional health director concerned shall submit the list of renewed licenses of undertakers and embalmers to the committee every year.

11.8.3 Suspension or Revocation of Certificate of Registration of Undertakers and Embalmers

a. The committee and/or the regional health office concerned shall recommend to the Secretary of Health to reprimand erring undertakers and embalmers by suspension or revocation of the certificates of all those found guilty after due investigation on any of the following grounds:

i. Conviction by a court of competent jurisdiction of any criminal offense involving moral turpitude;

ii. Insanity;

iii. Fraud in the acquisition or renewal of the certificate of registration;

iv. Gross negligence, ignorance or incompetence in the practice of his/her occupation;

v. Addiction to alcoholic beverages and prohibited drugs;

vi. False or unethical advertisement and practice;

vii. Physical incapacity which will impair the performance of duty as undertakers and embalmers; and

viii. Failure to re-validate the certificate of registration for at least five (5) years.

11.9 Exemption

Government and private physicians may perform embalming without license and registration certificate as exigencies require.

SECTION 12. PRACTICE OF UNDERTAKING AND EMBALMING

12.1 Licensed embalmers shall practice embalming in accordance with the following:

12.1.1 No embalmer shall embalm any remains without first obtaining the corresponding death certificate duly signed by the attending physician. In the absence of an attending physician where a non-physician signs the death certificate, it must be verified by the local health officer. The said embalmer before proceeding on his work must assure himself that no autopsy of the remains will be necessary for medico-legal and pathological purposes;

12.1.2 No embalmer shall embalm any dead human body who died from dangerous communicable disease. If the cause of disease is unknown or undetermined, the same shall be reported first to the local health officer before embalming;

12.1.3 Every licensed embalmer shall certify, sign and affix his license number after his signature on the back of the death certificate stating the time and date of embalming. Failure to do so, he must submit a sworn statement executed before two witnesses who were present at the time of the embalming.
12.1.4 No embalmer shall embalm any dead human body with any fluid or preparation of any kind containing arsenic, strychnine, mercury, or any poisonous alkaloid without special permission from the Secretary of Health or his duly authorized representative.

12.1.5 Embalming operations shall only be performed in a morgue or embalming room duly permitted to operate. Such establishment shall be free from vermin. In exceptionally difficult circumstances, embalming operations may be done at the home of the deceased, provided, that intracavity or intravenous injections only are used and precautions are taken to safeguard public health. Within six (6) hours after performing an emergency embalming operation, a written report shall be submitted to the local health officer by the embalmer.

12.1.6 Embalmers shall comply with the procedure, method of embalming and embalming fluid and other preparation promulgated by the committee and approved by the Secretary of Health.

12.1.7 In case of calamity, disaster or epidemic where the number of victims can no longer be attended by local embalmers, the local health authority may institute cremation or mass disinfection prior to burial.

12.2 Licensed undertakers shall practice undertaking in accordance with the following:

12.2.1 The undertaker shall ensure that the remains is properly laid in the casket and free from odor and moisture.

12.2.2 The undertaker shall be responsible for the physical arrangements of the remains including the make-up, floral and lighting arrangements.

12.2.3 The undertaker shall prepare the burial site to meet the provisions of these rules and regulations.

12.2.4 The undertaker shall accompany the remains from the funeral parlor to the burial site.

SECTION 13. AUTOPSY AND DISSECTION OF REMAINS

13.1 The following persons are authorized to perform autopsy and dissection:

13.1.1 Health officers - provincial, municipal, city health officers.

13.1.2 Medical officers of law enforcement agencies such as:

a. Philippine National Police
b. National Bureau of Investigation

13.2 Autopsies shall be performed in the following cases:

13.2.1 Whenever required by special laws. These special laws are those enforced and presently practiced by the authorities.

13.2.2 Upon orders of a competent court, a mayor and a provincial or city prosecutor.

13.2.3 Upon written request of police authorities.

13.2.4 Whenever the solicitor general, provincial or city prosecutor as authorized by existing laws, shall deem it necessary to disinter and take possession of remains for examination to determine the cause of death.

13.2.5 Whenever the nearest of kin requests in writing the authorities concerned to ascertain the cause of death.

13.3 The training of local health officers in medico-legal/autopsy procedures and techniques shall be the responsibility of the local government unit concerned.

13.4 Requirements for autopsies of patients who died in accredited hospitals:

13.4.1 The director or chief of the hospital shall notify in writing the next of kin of the death of the deceased and request permission to perform autopsy.

13.4.2 Autopsy can be performed when the permission is granted or no objection is raised to such autopsy within 48 hours after death.

13.4.3 In cases where the deceased has no next of kin, the permission shall be secured from the local health authority.

13.5 Burial of remains after autopsy.

After an autopsy, the remains shall be interred in accordance with the provisions of these rules and regulations.

SECTION 14. DONATION OF HUMAN ORGS FOR MEDICAL, SURGICAL AND SCIENTIFIC PURPOSES

For the purpose of this Section, the provisions of Republic Act No. 7170 otherwise known as the Organ Donation Act of 1991 as amended by Republic Act No. 7885 dated 20 February 1995 shall be applied and enforced.
c. Lighting and ventilation. The aggregate window area shall not be less than 1/10 of the floor area. The room shall be well ventilated and well lighted. In addition to those openings, exhaust ducts of at least 1/50 of the floor area shall be provided in the ceiling or as close to the ceiling as possible.

15.3.2 Dissection Room Requirements
a. Requirements:
   i. The dissection room must be located in a suitable place of the building, preferably on the top floor, or in a separate structure where only authorized persons shall have access;
   ii. Good ventilation and lighting;
   iii. Protection from insects and rodents;
   iv. Floor and walls up to 1.50 meter high must be of cement and other impervious materials; and
   v. One or more floor drains connected with the waste water treatment facilities separate from the septic tank or sewage disposal system.

SECTION 16. SPECIAL PRECAUTIONS FOR SAFE HANDLING OF REMAINS CONTAINING RADIOACTIVE ISOTOPES

16.1 Remains containing radioactive isotope below the Philippine Nuclear Research Institute (PNRI) requirement for disposal of waste does not require any special handling precautions.

16.2 Remains containing radioactive isotope above the clearance levels as provided for in 16.1 must be handled according to the requirements provided for in the Philippine Nuclear Research Institute (PNRI) Codes of Regulations on the safe management and disposal of radioactive wastes, including radioactive cadavers.

16.3 Autopsy precautions for remains with radioactive isotopes.
   16.3.1 Before autopsy is performed, the radiological health and safety officer or his duly authorized representative shall be notified.
   16.3.2 Autopsy shall only be authorized or permitted by the radiological and safety officer if the remaining radioactivity in the cadaver will lead to a measured radiation exposure dose rate of less than 2.5 mR/hr at one meter from the cadaver.
   16.3.3 The pathologist and/or embalmer shall be warned accordingly of the radiation hazards in handling the cadaver and that radiation safety precautions shall be provided by the radiological and safety officer.

16.4 Normal burial procedures may be carried out after the amount of radioactive isotopes has decayed to a safe level as provided for by the Philippine Nuclear Research Institute regulations.

16.5 Cremation.
   Precautions to prevent possible concentration of radioactivity at the base of the stack of the crematorium and to limit the release of radioactivity into the atmosphere shall conform with Philippine Nuclear Research Institute regulations on safe disposal of wastes contaminated with radioactive isotopes.

SECTION 17. RESPONSIBILITY OF THE REGIONAL HEALTH DIRECTOR

The regional health director shall:
17.1 Act on applications for the establishment of burial grounds, including issuance of initial clearance and operational clearance;
17.2 Close any burial ground which is a menace to public health subject to approval by the Secretary of Health;
17.3 In special cases, recommend to the Secretary of Health the re-opening of cemetery;
17.4 Act on applications for the exhumation of remains that do not meet the prescribed period;
17.5 Act on applications for the establishment of crematorium;
17.6 Act on the renewal of the certificates of registration of embalmers and undertakers;
17.7 Submit the list of renewed licenses of embalmers and undertakers to the committee every year;
17.8 Recommend to the Secretary of Health the suspension or revocation of the certificate of erring undertakers or embalmers; and
17.9 Act on application for the use of remains for scientific and/or medical purposes.

SECTION 18. RESPONSIBILITY OF THE LOCAL HEALTH AUTHORITY

The local health authority shall:
18.1 Administer city or municipal and private cemeteries;
18.2 Issue permits to inter, disinter or transfer remains;
18.3 Apply prescribed measures when cause of death is due to dangerous communicable diseases;
18.4 Keep records of deaths occurring within his area of jurisdiction;
18.5 Conduct hearings regarding erring establishments to include appeals from such establishments;
SECTION 15. USE OF REMAINS FOR MEDICAL STUDIES AND SCIENTIFIC RESEARCH

15.1 Unclaimed remains may be used by medical schools and scientific institutions for studies and research subject to the following requirements:

15.1.1 Unclaimed remains of person who died of or with a dangerous communicable disease shall not be permitted to be utilized for scientific purposes and/or medical studies and shall be disposed according to the provisions of Section 4, paragraph 4.7 of these rules and regulations.

15.1.2 In case the person died from non-dangerous communicable disease, a certification shall be secured by the scientific institution and/or medical school from the director or chief of hospital certifying that the remains has been unclaimed for 48 hours after death and that the cause of death was that of the aforementioned disease.

15.1.3 Where the remains involved has been donated to a medical school and/or scientific institution for studies and research, an affidavit to this effect shall be required from the nearest of kin with two witnesses, subscribed and sworn to before a notary public.

15.2 Requirements for medical schools and scientific institutions on the use of remains for studies, research and scientific purposes:

15.2.1 Duly accomplished applications for the use of remains for scientific and/or medical purposes shall be forwarded to the regional health director for approval.

15.2.2 Medical/paramedical institutions authorized by the Commission on Higher Education (CHED) to offer courses in medicine, nursing, dentistry, physical therapy, midwifery and other paramedical courses are qualified to apply for permission to use remains for scientific and/or medical purposes.

15.2.3 The application must be filed by the applying medical/paramedical scientific institutions and not by a funeral establishment or by an individual.

15.2.4 Remains shall be properly embalmed to be certified by the embalmer by affixing his signature at the back of the death certificate under the title of “CERTIFICATE OF EMBALMERS”.

15.2.5 Where the remains is involved in a medico-legal case, clearance shall be first secured from the chief of police or the prosecutor having jurisdiction on the case. Certification from the above officials that the remains has been advertised shall be required.

15.2.6 Applications forms, together with the death certificate, certification of inspection from the local health officer from the point of origin, and police certification that there is no claimant, must be properly accomplished before submitting to the local health official.

15.2.7 The necessary transit permit shall be secured and the official receipt covering the payment shall be attached to the application.

15.2.8 The remains or the part or parts thereof shall not be disposed in any way or manner other than the purposes applied for.

15.2.9 After the remains has served its purpose, the same shall be given a decent burial by the applicant institution which shall arrange for a decent burial with a licensed funeral parlor and shall defray all expenses incident thereto.

15.3 Medical/paramedical schools and scientific and/or medical institutions storing remains for scientific purposes.

Medical/paramedical schools and scientific institutions storing remains for scientific and/or medical purposes must provide, in addition to existing facilities, the following:

15.3.1 Morgue

a. Location. The morgue shall be constructed either as a separate structure or part of the medical or paramedical building. In either case, strict privacy shall be maintained.

b. Size. The size of the morgue depends on the number of remains to be stored. The cadavers shall be contained in tanks divided into compartments. Each compartment shall have the following dimensions: length of 2.50 meters, width of 1.50 meters and depth of 2.50 meters. Every compartment shall be provided with a drain pipe leading into a separate waste water treatment facility from the septic tank. The cover of each compartment shall be provided with tight fitting lids.
18.6 Act on the recommendation of the local health officer to suspend or revoke sanitary permit;
18.7 Recommend to the regional health director for approval the donation of unclaimed remains to medical schools and scientific institutions for purposes specified in these rules and regulations; and
18.8 Sponsor the training of the local health officer to become medico-legal officer.

SECTION 19. RESPONSIBILITY OF THE LOCAL HEALTH OFFICER

The local health officer shall:
19.1 Recommend to the local health authority the suspension and revocation of sanitary permit for funeral establishments.
19.2 Issue the death certificate in the absence of an attending physician.
19.3 Recommend to the local health authority the issuance of transit, burial, transfer and exhumation permits.
19.4 Supervise the exhumation of remains for medico-legal cases.
19.5* Evaluate and inspect the compliance of funeral establishments with these implementing rules and regulations.
19.6 Issue sanitary order to funeral establishments for non-compliance with these rules and regulations; and
19.7 Perform autopsy and dissection of remains as the need arises.

SECTION 20. RESPONSIBILITY OF THE LOCAL GOVERNMENT

The local government shall:
20.1 Reserve appropriate tract of lands under their jurisdiction, for cemeteries subject to approval of regional health directors concerned.
20.2 Utilize judiciously grants, gifts, bequest of property or financial donations for the establishment or improvement of cemeteries;
20.3 Close cemeteries under their jurisdiction subject to the approval of the regional health director;
20.4 Prepare quarterly cemetery reports and have these available upon request.
20.5 Provide adequate forms for the enforcement of Presidential Decree No. 856.

SECTION 21. PENAL PROVISIONS

21.1 The Secretary or his duly authorized representative may revoke or suspend the license of an undertaker or embalmer who violates provisions of Chapter XXI - “Disposal of Dead Persons” of the Code on Sanitation of the Philippines (P.D. 856) and these implementing rules and regulations.

21.2 Any person who shall engage in the business of undertaking or embalming who violates any provision of Chapter XXI - “Disposal of Dead Persons” of the Code on Sanitation of the Philippines (P.D. 856) and these implementing rules and regulations shall be liable to a penalty of not more than PhP 1,000.00 for each violation.

21.3 Each day or any part thereof during which any prohibited business or practice is continued shall be deemed a separate violation and subject to the same penalty prescribed in the preceding paragraph.

21.4 All establishments, facilities and personnel who shall violate the provisions of the Code on Sanitation of the Philippines (P.D. 856) and these implementing rules and regulations shall be punishable by the closure, temporary or permanent of the cemeteries/memorial parks, funeral and embalming establishments or may be prosecuted before the court of justice as provided for in Section 103 (a) and (b) of the said Presidential Decree.

SECTION 22. SEPARABILITY CLAUSE

In the event that any rule, section, paragraph, sentence, clause or words of these implementing rules and regulations is declared invalid for any reason, the other provisions thereof shall not be affected thereby.

SECTION 23. REPEALING CLAUSE

All rules and regulations which are inconsistent with the provisions of these implementing rules and regulations are hereby repealed or amended accordingly.

SECTION 24. EFFECTIVITY

These rules and regulations shall take effect after fifteen (15) days from date of publication in the official gazette or newspaper of general circulation.

Approved on this 30th day of September nineteen hundred and ninety six.

CARMENCITA NORIEGA-REODICA, M.D., M.P.H., CESO II
Secretary of Health

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21. Joces Gonzales Funeral Homes, Baguio City
22. Arlington Memorial Chapel, Quezon City
23. Manila Memorial Park, Dasmariñas, Cavite and Parañaque
24. Baguio Memorial Chapel
25. Eternal Gardens, Manila
26. Ambassador Memorial Chapel, Kalookan City
27. Dayao Funeral Home, Quezon City
28. Capitol Memorial Chapels, Quezon City
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35. Green Hills Memorial Homes, Cagayan de Oro City
36. Cagayan de Oro Gardens
37. Samar Memorial Chapel
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The Department of Health enjoin all agencies especially the Local Government Executives in meeting the demands and challenges for a healthy living environment as we enter our journey for economic development towards Philippines 2000.

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