IOWA DEPARTMENT OF PUBLIC HEALTH TANNING FACILITY INSPECTION

Facility name:	Registration #:
Address:	City/Zip:

[✓] CHECK INDICATES NON-COMPLIANCE [OK] IS COMPLIANT

[ ] Large warning sign is posted at signup area (46.5(1)"a")	[ ] Total number of visits & tanning times are recorded for each consumer after each visit (46.5(9)"c")
[ ] Trained operator is present at all times (46.5(9)"a") [ ] Operator is at least 16 years old 46.5(10)"e"	[ ] Tanning sessions follow the manufacturer recommendations for frequency of sessions (46.5(9)"i")
OPTION 1[ ] Operator is close enough to properly monitor (46.5(9)"a"). OPTION 2[ ] Operator can be summoned by the consumer and reach the consumer within a reasonable amount of time.	[ ] Minutes per tanning session follow manufacturer recommendations for the consumer's skin (46.5(9)"i")
[ ] Current IDPH permit to operate is displayed in an open public area (46.5(9)"b")	] Signed & dated IDPH warning statements are on file for each consumer. Statements have been signed within the current year. (46.5(1)"c"(1))
[ ] Advertising promotes only cosmetic effects (46.5(11)	

OBSERVATIONS:

Eyewear is available: [ ] disposable [ ] Sun Globes [ ] Peepers [ ] SuperSunnies [ ] SunClipse/Apollo
[ ] Sun Globes [ ] EyeCandy [ ] other

OPTION 1 [ ] Operator asks to see consumer's eyewear (46.5(8)"d"(1))
[ ] Operator checks eyewear to ensure strings are used when strings are required (46.5(8)"c")
OPTION 2 [ ] Operator provides disposable eyewear in the tanning room at all times and
[ ] Posts a sign stating that eyewear is provided and must be worn. (46.5(8)"d"(2))
[ ] Eyewear is not being reused by another consumer (46.5(8)"a")

OPTION 1 [ ] Cleansing is performed by facility staff after each use (46.5(9)"g"(1))
OPTION 2 [ ] Cleansing is performed by the consumer after each use and (46.5(9)”g”(3))
[ ] The operator instructs the consumer annually on how to properly cleanse the unit;
[ ] The consumer signs a statement annually stating that the consumer agrees to cleanse the unit after each use;
[ ] Signs are posted in each tanning room reminding the consumer to cleanse the unit after each use and stating the proper way to cleanse the unit; and
[ ] The operator cleanses the unit at least once a day.
[ ] Consumer is questioned about cleansing.
[ ] Operator demonstrates ability to judge skin types and assign tanning times accordingly.

OPERATOR INFORMATION (46.5(10))

Name	Date of testing (within 5 years)	Signed and dated

DEVICE INFORMATION **FACILITY NAME:**

Bed (1) Booth (2)							
Room number							
Manufacturer							
Small warning sign posted in room (46.5(1)"b")							
Current IDPH health warnings/drug list posted in room (46.5(1)"c"(2))							
Labeling is present on unit (46.5(2)"b")							
Timer does not exceed labeling (46.5(3)"a")							
Timer is controlled by operator (46.5(3)"b")							
Tokens match exposure intervals (46.5(3)"c"							
Exposure can be terminated w/o disconnect (46.5(4))							
Physical barriers are present and in good shape (46.5(6)"a")							
Unit is in good repair (46.5(6)"b")							
Lamps are correct (46.5(9)"f")							

COMMENTS

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[ ] Optional page for electronically controlled facilities.

This inspection was an examination of your tanning devices and evaluation of tanning safety aspects of your facility to verify compliance with the IDPH Rules governing these areas. The inspections consisted of selective examination of procedures and records, interviews with personnel, examination of your tanning devices, and observations by the inspector.

[ ] 1. Within the scope of this inspection, no violations were observed that could be determined without further review of your file or submitted information.

[ ] 2. During this inspection, certain of your activities, as checked in this report, were in violation of Chapter 46 (136D) of the Iowa Radiation Machines and Radioactive Materials Rules. You are required to submit a written statement within 30 days of this inspection, to include (1) corrective steps which have been taken, (2) corrective steps to be taken to prevent recurrence, and (3) the date when full compliance will be achieved. Consideration may be given to extending your response time for good cause shown. Submit to your inspector.

_____ _____

Signature - person interviewed Date Signature - Inspector - Date