Tanning Facility Inspection Report
State Sanitary Code 105 CMR 123.000

Name of Facility: ___________________________  Date: ____________________
Address: ___________________________________  Phone: ____________________
Person in Charge: ____________________________  Inspector: ___________________
Number of Tanning Devices: _______ Beds _______ Booths

- Customer given written warning statement  Y__  N__
- Warning sign(s) posted at every tanning device  Y__  N__
  o *If no, note location(s)
- Warning sign(s) meet wording requirement  Y__  N__
- Knowledgeable operator present, 18 or older  Y__  N__
- Tanning devices certified to comply with 21 CFR 1040  Y__  N__
- Maximum 100°F temperature in tanning device  Y__  N__
- Accurate timer within +/- 10 %  Y__  N__
- Customer using protective eyewear with 21 CFR 1040.20(c)(4) rating  Y__  N__
- Proper ventilation provided  Y__  N__
- Sanitizer USEPA registered  Y__  N__
- No patrons under 18 years of age shall use a tanning device  Y__  N__
- Patron tanning records on file for 12 months  Y__  N__
- Injury report form available  Y__  N__

Comments: __________________________________________
_____________________________________________________
_____________________________________________________

Person in Charge ____________________________  Inspector ____________________