



TANNING FACILITY LICENSING PROCESS and INFORMATION PACKET

PLAN REVIEW:

Prior to the use of a structure as a tanning facility, plans of the facility and its proposed operation shall be submitted to and approved by the **Manatee County Health Department**. All plans shall be legible, drawn to scale and shall comply with the requirements of this chapter. Plans shall show the location of all tanning devices and sanitary facilities. In addition, plans shall indicate all override timer and emergency shut off locations.

1. Plans shall be submitted with a completed Application for Tanning Facility License, DH Form 4098, and the following items:
2. The annual license fee, calculated as follows: Minimum \$150.00, \$55 for each additional device, Maximum \$315.00. Fees are prorated quarterly.
3. Name, address and telephone number of the tanning facility and the owners of the tanning facility.
4. The number and type of tanning devices located within the facility.
5. The manufacturer, model number, and serial number for each tanning device located within the facility, including the manufacturer and model of the lamps being used in each tanning device.
6. Name of the supplier of tanning equipment such as lamps, acrylic materials and the service agent currently responsible for tanning equipment installation, maintenance and repair.

7. A statement that the applicant has read and understands the requirements of these rules (bottom of application).
8. A copy of the facility's operating and safety procedures; to include trained operator/personnel on premises at such times when tanning is offered, sanitization procedures for devices and eyewear, provision of eyewear, instruction in use of devices, timers, handrails, floor markings, etc., tanning of minors; record keeping, and response to injury. (See FS 381.89)
9. A certificate of insurance or the name and policy number of the insurance company that provides liability insurance must be provided by facilities that have liability insurance, including the limits of liability.
10. Proof of approved water source and septage disposal system.

ONCE PLANS ARE APPROVED, CONSTRUCTION MAY BEGIN.

OPENING INSPECTION:

Prior to opening, a satisfactory inspection must be performed. Contact the Environmental Health Services division to schedule an inspection. The approved plans must be on premises for the inspection. Any provisos written on the plan review will be checked at this time; including certificate of completed training from an approved provider.

Upon approval to open, an Annual License will be issued to the facility. Annual Licenses are required to be renewed annually by September 30th thereafter.

TANNING INSPECTION CHECKLIST



Items that must be in the facility at time of inspection:

- ☞ Posted DOH license
- ☞ Signed registration cards for all clients
- ☞ Four years of client's records
- ☞ Letters of equivalency for bulbs
- ☞ Manuals for each bed/booth
- ☞ Appropriate labels for each device
- ☞ Copy of photosensitizing drugs
- ☞ Copy of last DOH inspection
- ☞ Sanitizers for beds/booths
- ☞ Adequate eyewear with appropriate sanitizers (if eyewear is provided by facility)
- ☞ Emergency override timer
- ☞ Insurance information
- ☞ Documentation of required training

Items that must be in each room with a bed:

- ☞ Emergency shut-off switch
- ☞ Physical barrier from bulbs (in good repair)
- ☞ Required warning sign

Items that must be in each room with a stand-up device:

- ☞ Marking on the floor indicating proper exposure distance from lamps
- ☞ Required warning sign
- ☞ Door must open outwardly
- ☞ Temperature of enclosed booths cannot exceed 100°F

Items that must be in the restroom:

- ☞ Adequate lighting
- ☞ Adequate ventilation
- ☞ Toilet tissue
- ☞ Soap and single service towels
- ☞ Trash can with lid
- ☞ Running water under pressure
- ☞ Approved water supply and sewer service required

Information required on registration cards:

Registration Card

Client Name

Client Age/Date of Birth

Skin Type

Warning Statement
in accordance with
FAC 64E-17; FS 381.89

Client Signature

Parent/Guardian Signature

(Side 2)

Liability Information:

Record of Visits:

<u>Date</u>	<u>Length of Use</u>	<u>Operator</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DANGER, ULTRAVIOLET RADIATION

Follow these instructions:

1. Avoid frequent or lengthy exposure. As with natural sunlight, exposure can cause eye and skin injury or allergic reactions. Repeated exposure can cause chronic sun damage characterized by wrinkling, dryness, fragility and bruising of the skin or skin cancer.
2. Wear protective eyewear. FAILURE TO USE PROTECTIVE EYEWEAR CAN RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES.
3. Ultraviolet radiation from sunlamps will aggravate the effects of the sun. Therefore, do not sunbathe before or after exposure to ultraviolet radiation.
4. Using medications or cosmetics can increase your sensitivity to ultraviolet radiation. Consult a physician before using a sunlamp if you are using medications, have a history of skin problems, or believe you are especially sensitive to sunlight. Women who are pregnant or on birth control who use this product can develop discolored skin. IF YOU DO NOT TAN IN THE SUN YOU WILL NOT TAN BY USING THIS DEVICE.

RECORD of TRAINING

(for employees that handle tanning customers)

I certify that I have been trained in the following:

1. Florida Administrative Code (FAC) 64E-17 requirements;
2. Procedures for correct cleaning, sanitizing, and operation of each tanning device;
3. Recognition of over-exposure or similar injury;
4. Manufacturer's procedures for operations and maintenance of each tanning device;
5. Medical aspects of ultraviolet radiation, maximum allowable times of exposure, and determination of human skin types as it relates to the FDA exposure schedule; and
6. Emergency procedures in the event of over-exposure and/or injury.

I am aware that the Department of Health may suspend or revoke the facility's license for making any false statements regarding this training.

Name of Trainee: _____

Signature of Trainee: _____

Name of Trainer*: _____

Signature of Trainer: _____

Date of Training: _____

*Operator who possesses a certificate of formal training

Environmental Health Services Division

Phone #(941) 714-7593 410 6th Avenue E, Bradenton, FL 34208 eFax #(941) 750-9364

10/26/17

State of Florida
Department of Health
TANNING FACILITY INJURY REPORT

Pursuant to 64E-17, Florida Administrative Code (FAC), a written report of any alleged tanning injury shall be forwarded to the county health department which issued the Annual License, within five (5) working days of the occurrence or the knowledge thereof.

TANNING FACILITY INFORMATION

LICENSE #: 41-69-_____

Name of Facility: _____
Location: _____
Phone: _____
Owner's Name: _____

SUSPECTED DEVICE Manufacturer: _____
SPECIFICATIONS Model: _____
 Serial Number: _____
 Lamp(s) Used: _____

CONSUMER INFORMATION

DATE OF REPORT: ___/___/___

Reported By: _____ Phone: _____
Injured Individual: _____ Phone: _____
Address: _____
Operator Name: _____ Duration of Exposure: _____
Nature of Injury: _____

Date of Injury: ___/___/___ Medical Attention Sought? Yes No

Health Care Provider Name: _____ Phone: _____
Address: _____
Diagnosis/Treatment: _____

Preparer Name: _____ Signature: _____

OFFICE USE ONLY: Rc'd by: _____ Date: _____

Manatee CHD Env Hlth Tanning Injury Rpt Oct-17