

STATE OF FLORIDA DEPARTMENT OF HEALTH INVESTIGATIVE SERVICES



ELECTROLYSIS FACILITY

	000 WE TRUE	ROUTINE CHANGE		ENTLY NOT OPERATI		GE OWNER				
File	e #						2			
Ins		INSPECTION AUTHOR	TY - CHAPTER 478.51(8))(9), CHAPTER	456, F.S. and	64B8-51.006 F.A.0	<i>.</i> .			
Insp #			1				<u> </u>			
NAME OF ESTABLISHMENT			PERMIT NUMBER			DATE OF IN	DATE OF INSPECTION			
			<u> </u>							
DO	ING BUSINESS AS					EXPIRATION	N DATE			
STREET ADDRESS			TELEPHONE #	TELEPHONE # EXT.			OWNER'S NAME			
CIT	Ϋ́		COUNTY			STATE/ZIP				
		i					1			
PERSON EMPLOYED		LICENSE	NSE NUMBER		RSON EMPL	.OYED	LICENSE NUMBER			
	SATISFACTOR							YES	SN	0
1 Electrologist license active. [478.49(1), F.S.]										
2										
3										-+
4	Facility license conspicuously displayed. [478.51(2), F.S.] [64B8-51.006(3)(b)1., F.A.C.]									+
5 6	Facility does not employ unlicensed persons to practice electrology. [478.52(1)(k), F.S] Needle holder tips and clean and sterile needles/probes. [64B8-51.006(3)(e) 2., 3., F.A.C.]									+
7	Needle nolder tips and clean and sterile needles/probes. [6488-51.006(3)(e) 2., 3., F.A.C.] Betadine, 3% pharmaceutical grade hydrogen peroxide or 70% isopropyl alcohol or single use wipes saturated with 70% isopropyl alcohol, clean non-sterile									_
'	cotton balls. [64B8-51.006(3)(e)14.,15., F.A.C.]									
8	Room where electrolysis is performed has 4 permanently fixed walls at least 6 feet high permanently connected to the floor and doors capable of being locked.									
	[64B8-51.006(3)(a)1., F.A.C.]								L	
9 FDA registered needle-type epilation device. [64B8-51.006(3)(e)1., F.A.C.]										
10										
11										\parallel
12										-+
13										Ц
14	Single use, disposable towels. Sanitary waste receptacles for disposal of used gloves, paper supplies, cotton balls and other noninfectious items.									
15										
16 Clean and sterile forceps/tweezers and EPA registered tuberculocidal hospital grade disinfectant/household bleach/pre-saturated disinfectant cloths for wiping non-porous surfaces.										┤
	[64B8-51.006(3)(e) 2., 11., F.A.C.]									
17										Т
18										
19										\parallel
20										-+
21										+
22 23										+
23 24										+
25	Appointment book maintained on premises listing names of persons receiving electrolysis treatment. [64B8-51.006(3)(f), F.A.C.]								\vdash	+
26										+
27	Minimum of one toilet and sink with running water provided in a separate room on the premise or in the same building, equipped with toilet tissue, soap, or other hand cleaning									
	material, disposable towels or electric blow of									
28	The only animals present are those trained to assist hearing/visually impaired or physically disabled. [64B8-51.006(3)(d), F.A.C.] IF THE ESTABLISHMENT IS ENGAGED IN LASER HAIR REMOVAL THE FOLLOWING CONDITIONS MUST BE SATISFIED									Ц
29	Proof of Certified Medical Electrologist (CME [64B8-51.006(3)(g)2., F.A.C.]	 Certification by a nation 	nal certified organization a	pproved by the s	Society of Clin	iical & Medical Hair	Removal (SCMHR).		ΙΓ	٦
30	Proof of certification of a 30-hour continuing	education course approv	red by the Electrolysis Cou	incil [64B8-51.0	06(3)(a)1 E	A C 1		—		
31	Proof of registration of laser as required by s				00(0)(g)1.,1./	4.0.]		-++	\vdash	+
									\vdash	+
										╡
34	Written designation of laser safety officer. [64	4B8-51.006(3)(g)4., F.A.	C.]							
	At least one piece of properly registered lase			,		·				
37									ΙΓ	ר
	the provisions of Chapter 458 or 459, F.S." [6									_
Ro	marks:	NELECTRULISIS TRA	INING SCHOOL THE CO	NUTIONS ON I	NV FORM 412	2 D NUSI ALSO B				_
izei	nans.									

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

PRINT NAME OF RECIPIENT