



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES**  
INV412 - A-B Electrolysis Facility and Training School



File #  
Insp #

<b>NAME</b>	<b>PERMIT NUMBER</b>	<b>DATE OF INSPECTION</b>	
<b>DOING BUSINESS AS</b>			
<b>STREET ADDRESS</b>		<b>TELEPHONE #</b>	<b>EXT</b>
<b>CITY</b>	<b>COUNTY</b>	<b>STATE/ZIP</b>	

**Additional Information**

**Inspection Employee Tracking**

License Number	Person Employed
Date Entered	

**Owner Contact**

Last Name	First Name
Middle Initial	Phone
Extension	

**License Relations**

**Employee**

	License #
--	-----------

**INV 412 A - Electrolysis Facility**

**Electrolysis Facility Requirements**

Electrologist license active. [478.49(1), F.S.]	
Electrologist license visible to the public. [478.49(2), F.S.] [64B8-51.006 (4)(b), F.A.C.]	
Electrology facility properly licensed and displayed in a conspicuous place visible to the public. [478.51(1), (2), F.S.] [64B8-51.006 (4)(a), F.A.C.]	
Facility employs only licensed persons to practice Electrology. [478.52(1)(k), F.S.]	
Most recent inspection sheet from the Department of Health. [64B8-51.006(4)(c), F.A.C.]	
Tuberculocidal hospital grade disinfectant registered by the Environmental Protection Agency, household bleach or wiping cloths pre-saturated with disinfectant for wiping non-porous surfaces [64B8-51.006(3)(a) 4, f, F.A.C.]	
Current copy of rule 64B8-51.006, F.A.C. [64B8-51.006(4)(d), F.A.C.]	
An appointment book shall be maintained and kept on the electrology facility premises which lists the name of each person who has received treatment. The appointment book shall be maintained for four (4) years. The appointment book may be an electronic record. [64B8-51.006(4)(e), F.A.C.]	
Betadine, 3% pharmaceutical grade hydrogen peroxide or 70% isopropyl alcohol or wrapped single use wipes saturated with 70% isopropyl alcohol. [64B8-51.006(3)(a)(2)(g), F.A.C.]	
Electrolysis shall be conducted on a treatment table or treatment chair with a non-porous surface capable of being disinfected. [64B8-51.006(3)(a)3, F.A.C.]	
Non-sterile disposable examination gloves. [64B8-51.006(3)(a)4k, F.A.C.]	
There shall be a toilet and sink with hot and cold running water available to the electrology facility. The toilet and sink shall be kept clean and in working order when the electrology facility is open for business. [64B8-51.006(3)(a)2., F.A.C.]	
A magnifying device which shall be a magnifier lamp, optical loupe or microscope capable of being cleaned and disinfected. [64B8-51.006(3)(a)4, e., F.A.C.]	
Sanitary waste receptacles for the disposal of used gloves, paper supplies, cotton balls, and other noninfectious items [64B8- 51.006(3)(a) 4, b F.A.C.]	
Single use, disposable towels. [64B8- 51.006(3)(a) 4, c. F.A.C.]	
Holding container for soaking and cleaning contaminated instruments. [64B8-51.006(3)(a) 4, j., F.A.C.]	

**Epilators Facility Requirements**

Where epilators are used, facility must have clean and sterile needles/probes and forceps/tweezers. [64B8-51.006(3)(b) 2, F.A.C.]	
Where epilators are used, facility must have needle holder tips. [64B8-51.006(3)(b)3, F.A.C.]	

## INV412 - A-B Electrolysis Facility and Training School

Insp #

File #

An FDA registered needle-type epilation device in working order. [64B8-51.006(3)(b)1., F.A.C.]	
A sterilizer which shall be either an autoclave or dry heat sterilizer, and color change indicators for use with either sterilizer. The endodontic dry heat "glass bead sterilizer" shall not be used for instrument sterilization [64B8-51.006(3)(b)6., F.A.C.]	
Covered containers for needles/probes and forceps/tweezers which containers which are capable of being cleaned and sterilized [64B8-51.006(3)(b)5., F.A.C.]	
Sharps container for disposal of used needles/probes. [64B8-51.006(3)(b)4., F.A.C.]	
Unless the facility is new, quarterly records of sterilizer biological test monitoring, which shall be made available to the Department upon request. [64B8-51.006(3)(b)7., F.A.C.]	

### Laser Hair Removal Requirements

For all electrologists using laser or light-based equipment in the facility, proof of having passed the Society for Clinical and Medical Hair Removal test for certification as a Certified Medical Electrologist. [64B8-51.006(3)(c)2., F.A.C.]	
For devices required to be registered, proof of registration for each laser or light-based device in use at the facility as required by Section 501.122, F.S. [64B8-51.006(3)(c)3, F.A.C.]	
A room or rooms specifically designated for use of the laser or light-based equipment which is where all use of such equipment shall take place. [64B8-51.006(3)(c)5, F.A.C.]	
Sign on door of laser room identifying when laser or light-based equipment is in use. [64B8-51.006(3)(c)6, F.A.C.]	
Lock on door of laser room. [64B8-51.006(3)(c)7., F.A.C.]	
Fire extinguisher in the vicinity of laser room. [64B8-51.006(3)(c)9., F.A.C.]	
Cold water and ice are available within the facility. [64B8-51.006(3)(c)10., F.A.C.]	
Written designation of laser safety officer. [64B8-51.006(3)(c)4., F.A.C.]	
Protective eyewear capable of being cleaned and disinfected shall be used by all persons in laser room during operation of laser or light-based equipment. [64B8- 51.006(3)(c)8 F.A.C.]	
The written protocols required by paragraph 64B8-56.002(4)(a), F.A.C. [64B8-51.006(3)(c)11., F.A.C.]	
Licensed electrologist to perform laser hair removal under the "direct supervision and responsibility of a physician trained in hair removal and licensed pursuant to the provisions of Chapter 458 or 459, F.S." [64B8-56.002(2)(d), F.A.C.] [458.348(3) F.S. 459.025(2) F.S.]	

## INV 412 B - Electrolysis Training School

### Electrolysis Training School Requirements

All students in the clinical application phase of an electrolysis training program, as described in subsection 64B8-53.002(2), F.A.C., shall have access to the equipment needed for the procedure being taught [64B8-53.001(6), F.A.C.]	
An electrolysis training program shall: Have a working U.S. FDA registered short wave epilator; have a working U.S. FDA registered blend epilator; and, comply with all requirements of subsection 64B8-51.006(3), F.A.C.	

### Remarks:

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.

Inspector Signature:

Representative:

Date:

Date: