

STATE OF FLORIDA DEPARTMENT OF HEALTH INVESTIGATIVE SERVICES





File# Insp #

NAME	PERMIT NUMBER	DATE OF INSPECT	ION
DOING BUSINESS AS	•	,	
STREET ADDRESS		TELEPHONE#	EXT
СІТҮ	COUNTY	STATE/ZIP	
Additional inspection Employee Tracking	Information		
- Inproject Hooking			
Owner Contact			
License	Relations		
DWNER			
	License #		
INV 412 A - Elec	ctrolysis Facility		
	ility Requirements		
Electrologist license active. [478.49(1), F.S.]	- Ity requirements		
Electrologist license visible to the public. [478.49(2), F.S.] [64B8-51.006 (4)(b), F.F.	A.C.]		
Electrology facility properly licensed and displayed in a conspicuous place visible	to the public. [478.51(1),(2), F.S.] [6	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 Protec disinfectant for wiping non-porous surfaces [64B8-51.006(3)(a) 4, f, F.A.C.]	tion Agency, household bleach or v	wiping cloths pre-saturated with	
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 prem The appointment book shall be maintained for four (4) years. The appointment bool	ises which lists the name of each particles which lists the name of each particles which lists which lists with the name of each particles.	erson who has received treatment. 88-51.006(4)(e), F.A.C.]	
Betadine, 3% pharmaceutical grade hydrogen peroxide or 70% isopropyl alcohol or w 51.006(3)(a)(2)(g), F.A.C.]	rapped single use wipes saturated w	vith 70% isopropyl alcohol. [64B8-	
Electrolysis shall be conducted on a treatment table or treatment chair with a non- F.A.C.]	porous surface capable of being di	sinfected. [64B8-51.006(3)(a)3,	
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 elorder when the electrology facility is open for business. [64B8-51.006(3)(a)2., F.A		k shall be kept clean and in working	
A magnifying device which shall be a magnifier lamp, optical loupe or microscope F.A.C.]	capable of being cleaned and disir	nfected. [64B8-51.006(3)(a)4,e.,	
Sanitary waste receptacles for the disposal of used gloves, paper supplies, cotton	balls, and other noninfectious item	s [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. [64B8-51.0	06(3)(a) 4, j. , F.A.C.]		
Epilators Facili	ty 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	o)3, F.A.C.]		
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 char bead sterilizer" shall not be used for instrument sterilization [64B8-51.006(3)(b)6.		erilizer. The endodontic dry heat "gla	ss

INV412 -A-B Electrolysis Facility and Training School

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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.]			
tharps 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 Req	uirements		
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 or proof of having passed the epilator and laser and light combined exam. [64B8-51.006(3)(c)1.2., 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 la equipment. Yes [64B8- 51.006(3)(c)8 F.A.C.]	aser room during operation of laser or light-based		
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 resp licensed pursuant to the provisions of Chapter 458 or 459, F.S." [64B8-56.002(2)(d),F.A.C	onsibility of a physician trained in hair removal and .] [458.348(3) F.S. 459.025(2) F.S.]		
INV 412 B - Electrolysis T	raining 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 h to the best of my knowledge.	erein explained and do affirm that the information given herein is true and correct		
Inspector Signature	Representative:		
Date:	Date:		