Department of Health & Human Services
DHHS
NEBRASKA
Division of Public Health
LICENSURE UNIT
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SELF INSPECTION REPORT
Massage Therapy Establishment

Establishment Name:			
Address:			
Owner:		Telephone #:	

Hours of Operation:

☐ By Appointment Only

Indicate the Days open and the hours for each day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Licensees:

List the Name of Each Massage Therapist and License #	Massage Therapist		Temporary	
	Lic #	Current	Lic #	Current
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no
		☐yes ☐no		☐yes ☐no

Establishment Signature:

The Signature on this inspection report must be:

(1) The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member;
(2) Two of its members if the applicant is a limited liability company that has more than one member;
(3) Two of its officers if the applicant is a corporation;
(4) The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
(5) If the applicant is not an entity described in items (1) through (4), the owner or owners or, if there is no owner, the chief executive officer or comparable official;

I verify that the information on the inspection report is true and complete.

Signature _____ Date _____

Signature _____ Date _____

Section A - Inspection: (Pursuant to 82-004)

	Met	Not Met	Inspection Areas
1 **Physical Structure:**	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	a. The massage therapy establishment has a clearly identifiable location. b. All rooms must have adequate lighting and ventilation. c. The establishment has an area that can be screened from public view for customers requesting privacy. d. Each room where massage therapy services are provided has an EPA registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal, and has liquid soap and water or an instant sanitizer.
2 **Water:**	☐	☐	The establishment has a supply of hot and cold running water in sufficient quantities to conduct business in the establishment in a sanitary manner.
3 **Safety:**	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and safe. b. Floors are free of unsafe objects and slippery or uneven surfaces; c. Doors, stairways, passageways, aisles, or other means of exit provide safe and adequate access. d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution. e. Water or product spills on the floor are removed immediately and floor dried to avoid falls. f. If candles are used in the establishment, the candle(s) must be on a surface where they are securely supported on a substantial noncombustible base and the candle flame is protected.
4 **Restroom Facilities:**	☐	☐	A restroom is available on the premise.
5 **Massage Tables and Chairs:**	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	a. All tables and chairs are safe and in a sanitary condition at all times. b. Tables/chairs with no sheeting/pad are disinfected between clients with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal. c. Clean linens are used for each client. d. Sheeting/pads that come in direct contact with the client or have been soiled are removed, disinfected, or cleaned between clients.
6 **Storage:**	☐ ☐ ☐	☐ ☐ ☐	a. Flammable and combustible chemicals are stored away from potential sources of ignition such as an open flame or an electrical device. b. Cabinets, drawers, containers used for storage of tools, equipment, instruments and towels/linens are clean. c. Tools, equipment, instruments, or towels/linens which have been used on a client are not placed in a container with clean tools, equipment, instruments, or towels/linens.

	Met	Not Met	Inspection Areas
7 **<u>Towels/Linens:</u>**	☐	☐	<u>Used Towel and Linen Storage</u>: a. Cloth towels and linens are deposited in a closed receptacle after use.
	☐	☐	b. Used cloth towels and linens are not used again until properly laundered.
	☐	☐	c. Disposable towels are discarded in a covered waste receptacle immediately following each service.
			<u>Clean Towel and Linen Storage:</u>
	☐	☐	a. All clean towels are stored in a clean, enclosed, dust-proof cabinet or container until used.
	☐	☐	b. Pillows are not required to be stored in a cabinet or container, but must have a clean covering before contact with a client.
8 **<u>Products:</u>**	☐	☐	a. All liquids, creams, and other products are kept in clean, closed containers.
	☐	☐	b. Original product bottles and containers have an original manufacturer label, which discloses their contents.
	☐	☐	c. All products used on a client are dispensed by a spatula, scoop, spoon, squeeze bottle, pump, dropper, or similar dispenser so that the remaining product is not contaminated.
	☐	☐	d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product.
	☐	☐	e. Products applied to one client are removed and not reused on another client.
9 **<u>Methods of Disinfection:</u>** The owner must ensure that all electrical and/or mechanical tools, instruments, implements, and equipment are disinfected before use on a client, by using one of the following two procedures:			<u>Procedure One:</u>
	☐	☐	a. Spray, immerse, soak, or saturate the implement until it is totally saturated with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	☐	☐	b. Before removing the sanitized implement(s), wash hands with liquid soap and water or antibacterial solution.
	☐	☐	c. Rinse implement.
	☐	☐	d. Prior to storing, air-dry on a sanitary surface or dry with a clean sanitized towel.
	☐	☐	e. Store in a clean enclosed cabinet or covered container reserved for clean implements until used.
			<u>Procedure Two</u>:
	☐	☐	a. Autoclave implements in accordance with the manufacturers instructions.
	☐	☐	b. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer.
	☐	☐	<u>Foot baths/foot spas, showers</u>, and hot tubs are disinfected with an EPA registered disinfectant that is proven effective against HIV1, or Hepatitis B, or is a Tuberculocidal and in accordance with the manufacturers instructions.
	☐	☐	<u>Paraffin wax machines</u> is clean. Paraffin wax removed from one client is not be re-melted and used by another client.

Name of Disinfectant: _____
(must say on the product container that it is proven against HIV-1 or Hepatitis B or is Tuberculocidal)

EPA Registration #: _____

	Met	Not Met	Inspection Areas
10 **Activities Not Allowed:**	☐ ☐	☐ ☐	a. Smoking does not occur in the massage room. b. Licensees do not use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises during the hours the establishment is open to the public.
11 **Documents and Records:**	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	a. The license to operate the massage therapy establishment is displayed in a conspicuous location at the massage therapy establishment. b. There is a sign containing the name of the massage therapy establishment. The sign must be in a conspicuous location at the entrance to the massage therapy establishment. c. The license of each massage therapist who practices massage therapy in the massage therapy establishment is displayed in a conspicuous location at the massage therapy establishment. d. The establishment has one copy of the latest edition of the Massage Therapy Practice Act and one copy of the latest edition of 172 NAC 81 and 82.

Pursuant to 82-003: Any person who wishes to operate a massage therapy establishment must obtain a license.

82-003.01 Qualifications: To receive a credential to operate a massage therapy establishment, an individual must meet the following qualifications:

1. Employ a massage therapist(s) who holds an active license;
2. Have adequate space for providing massage therapy services;
3. Have restroom facilities;
4. Complete a self evaluation inspection report showing compliance with 172 NAC 82, section 004.