



Johnson County Public Health

855 S. Dubuque Street, Suite 113, Iowa City, Iowa 52240 319/356-6040

Date: _____

Total # of tanning units: _____

Tanning Facility Inspection Report

*For all written, testing, operating, and licensing information, please refer to the site below:
<https://www.johnsoncountyiowa.gov/public-health/tanning-and-tattoo>

| | |
|--------------------------------------------|---------------------------------------------------------------------------|
| Establishment: _____ County: _____ | Issued Johnson County Public Health Tanning Regulations 2020 Book? |
| Address: _____ City: _____ Zip: _____ | |
| Email address: _____ Registration #: _____ | |

| IN | OUT | | IN | OUT | | IN | OUT | |
|----|-----|---------------------------------------------------------------------------------------------------------------|----|-----|-----------------------------------------------------------|----|-----|---------------------------------------------------------------------------------------------------|
| | | 1 Trained operator present - 12.01 | | | 8 Operator asks to see eyewear- 11.04 a | | | 15 Operator instructs consumer annually how to cleanse |
| | | 2 Trained operator at least 16 years of age 13.05 | | | 9 Eyewear not altered (removal of straps) 11.03 | | | 16 Signs posted in each tanning room on how to cleanse |
| | | 3 Operator close enough to properly monitor 12.01 | | | 10 Operator provides disposable eyewear in tanning room | | | 17 Operator cleans units at least once per day |
| | | 4 Operator can be summoned by the consumer and reach the consumer within a reasonable amount of time- 12.01 b | | | 11 Posts sign stating available and must be worn- 11.04 b | | | 18 Signed & dated IDPH warning statements on file for each consumer and updated annually 5.01(1)d |
| | | 5 9 x 12 warning sign posted at entrance 5.01(1) a | | | 12 Cleansing performed by facility staff – 12.07 a | | | 19 Total number of visits & tanning times are recorded for each consumer – 12.03 |
| | | 6 Current IDPH permit to operate posted - 12.02 | | | 13 Consumer cleanses after each use- 12.07 c | | | 20 Tanning sessions follow the manufacturer recommendations for frequency of sessions- 12.09 |
| | | 7 Advertising promotes only cosmetic effects - 14.01 | | | 14 Consumer signs an agreement annually to cleanse | | | 21 Minutes per tanning session follow manufacturer recommendations for the consumer's skin- 8.03 |
| | | | | | | | | 22 Eyewear not reused by another consumer- 11.01 |

Eyewear sold onsite:

| Room Number / Type | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | Comments |
|----------------------------------------------------------------------------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----------|
| | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | |
| 23 Compliance | | | | | | | | | | | | | | | |
| 24 Manufacturer | | | | | | | | | | | | | | | |
| 25 Warning sign posted 5.01(1) | | | | | | | | | | | | | | | |
| 26 Warning sign visible within 3 feet 5.01(1)b | | | | | | | | | | | | | | | |
| 27 Health and photosensitizing list posted 5.01(1)e | | | | | | | | | | | | | | | |
| 28 Device certified under 21CFR1040.20- 6.01 | | | | | | | | | | | | | | | |
| 29 Labeling present/visible- 7.01 | | | | | | | | | | | | | | | |
| 30 Timer controlled by operator- 8.02 | | | | | | | | | | | | | | | |
| 31 Timer does not exceed labeling- 8.01 | | | | | | | | | | | | | | | |
| 32 Tokens match exposure intervals 8.03 | | | | | | | | | | | | | | | |
| 33 Termination without disconnect- 8.04 | | | | | | | | | | | | | | | |
| 34 Physical barriers present- 9.01 | | | | | | | | | | | | | | | |
| 35 Maintained in good repair- 9.02 | | | | | | | | | | | | | | | |
| 36 Lamps are correct- 12.05 | | | | | | | | | | | | | | | |
| 37 Lamps replaced at recommended frequency- 12.06 | | | | | | | | | | | | | | | |
| 38 Additional requirements for stand-up booths met- 10.01, 10.02 and 10.03 | | | | | | | | | | | | | | | |

| OPERATOR'S NAME: | | COMPLETED ORIGINAL TEST PROVIDED: (Taken within the past 5 years) | SIGNED AND DATED: |
|-------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| | | | |
| | | | |
| Requirements for Electronically Controlled Facilities ONLY. | | Not Applicable | Comments: |
| IN | OUT | | |
| | | 39 Entry into facility by card only | |
| | | 40 Two individuals may not enter under the same card | |
| | | 41 The card is activated for tanning use if facility offers other activities | |
| | | 42 Police/emergency have access through key box | |
| | | 43 Tanning unit will not activate if the card is not programmed for tanning | |
| | | 44 The card will not activate if 2 individuals are in the same room | |
| | | 45 Customer agreement has: a. number of minutes per session b. agreement to wear provided protective eyewear c. agreement to cleanse the unit after use explanation of emergency access in the room | |
| | | 46 The card is programmed for the number of minutes consumer is allowed to tan | |
| | | 47 The card is re-programmed for an increase in minutes | |
| | | 48 For each re-programming, a new agreement is signed | |
| | | 49 After 30 consecutive days without accessing the facility, the card is deactivated | |
| | | 50 The operator demonstrates unit cleansing to each consumer | |
| | | 51 A sign is in each room to explain the cleansing process | |
| | | 52 The operator cleanses the units at least once a day when in use | |
| | | 53 Free disposable eyewear is available in each room | |
| | | 54 A sign is posted stating that the disposable eyewear is available and must be worn | |
| | | 55 Emergency call button or device is placed in each room conveniently located within reach of the unit | |

By checking this box, I understand and acknowledge that if the Corrective Action Plan is not returned by 1/18/24 a special inspection may be conducted and a fee of \$50 will be applied. *Tanning Regulations IV 4.03 (a,B) 4.04 (C)

Tanning Facility Representative Initials KE

This inspection is an examination of the tanning devices and evaluation of tanning safety aspects of the facility to verify compliance with the 202 Tanning Regulations rules governing these areas. The inspection consists of selective examination of procedures, records, interviews with personnel, examination of the tanning devices and observations by the inspector.

[] Items marked with an "OUT" on this report are in violation of Johnson County Public Health Tanning Regulations 2020.


Within 30 days of this inspection you are required to submit a Mail-In Correction Form which shall include:

(1) Corrective steps which have been taken, (2) corrective steps to be taken to prevent recurrence, and (3) the date when full compliance is achieved.

Submit to: **Johnson County Public Health, 855 S. Dubuque Street, Suite 113, Iowa City, IA 52240**

* The undersigned recipient acknowledges receipt of the mail in the correction form.

Inspected by: 

Received by: 

| Room Number | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | Comments |
|-------------------------------------------------------------------------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----------|
| | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | |
| Compliance | | | | | | | | | | | | | | | |
| Manufacturer | | | | | | | | | | | | | | | |
| Warning sign posted 5.01(1) | | | | | | | | | | | | | | | |
| Warning sign visible within 1 meter 5.01(1)b | | | | | | | | | | | | | | | |
| Health and photosensitizing list posted 5.01(1)a | | | | | | | | | | | | | | | |
| Device certified under 21CFR1040.20- 6.01 | | | | | | | | | | | | | | | |
| Labeling present/visible- 7.01 | | | | | | | | | | | | | | | |
| Timer controlled by operator- 8.02 | | | | | | | | | | | | | | | |
| Timer does not exceed labeling- 8.01 | | | | | | | | | | | | | | | |
| Tokens match exposure intervals 8.03 | | | | | | | | | | | | | | | |
| Termination without disconnect- 8.04 | | | | | | | | | | | | | | | |
| Physical barriers present- 9.01 | | | | | | | | | | | | | | | |
| Maintained in good repair- 9.02 | | | | | | | | | | | | | | | |
| Lamps are correct- 12.05 | | | | | | | | | | | | | | | |
| Lamps replaced at recommended frequency- 12.06 | | | | | | | | | | | | | | | |
| Additional requirements for stand-up booths met- 10.01, 10.02 and 10.03 | | | | | | | | | | | | | | | |

Inspected by:

Received by:

| Room Number | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | Comments |
|-------------------------------------------------------------------------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----------|
| | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT | |
| Compliance | | | | | | | | | | | | | | | |
| Manufacturer | | | | | | | | | | | | | | | |
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Received by: