Massage Therapy Establishment Inspection Checklist 2017

The Town of Gilbert Municipal Code, Section 14-334, 14-331. - Massage therapy establishment license; special requirements

No massage therapy establishment license shall be issued or renewed unless inspection by the building and code compliance department indicates that the site of the proposed establishment complies with each and all of the following minimum requirements:

☐ (1) Minimum lighting shall be provided in accordance with the town building code and, in addition, at least one artificial light of not less than 40 watts shall be provided in each room or enclosure where massage or touching techniques are performed on patrons and shall be in use whenever such services are being performed.

☐ (2) Minimum ventilation shall be provided in accordance with the town building code.

☐ (3) Hot and cold running water shall be available in the establishment.

☐ (4) Closed cabinets shall be provided for the storage of clean linens.

☐ (5) A minimum of one dressing room for each patron to be served, and a minimum of one toilet and one washbasin shall be provided by each massage therapy establishment; provided, however, that if more than one patron will be served simultaneously at the establishment, a separate massage room is required for each patron served simultaneously, and separate dressing and toilet facilities shall be provided for male and female patrons.

☐ (6) A minimum of one separate washbasin shall be provided in each massage therapy establishment, which basin shall provide soap or detergent and hot and cold running water at all times and shall be located within or as close as practical to the area devoted to the performing of massage or touching techniques. In addition, there will be provided at each washbasin, there will be sanitary towels placed in permanently installed dispensers.

Establishment Requirements. Each massage establishment must comply with the following requirements:

☐ (1) Adequate equipment shall be provided for disinfecting and sterilizing instruments used in administering or practicing any massage or touching techniques.

☐ (2) All walls, ceilings, floors, pools, showers, bathtubs, steam rooms, and all other physical facilities for the establishment must be in good repair and maintained in a clean and sanitary condition. Wet and dry heat rooms, steam or vapor rooms and cabinets, shower compartments and toilet rooms shall be thoroughly cleaned each day the business is in operation. Bathtubs shall be thoroughly cleaned after each use.

☐ (3) Clean and sanitary towels shall be provided for each patron. The headrest of each table shall be provided with a clean and sanitary towel, paper towel or sheet for each patron.

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A massage therapy establishment licensee shall maintain at the massage therapy establishment a current log of all employees and independent contractors at the massage establishment, including:

- (1) The full legal name, date of birth, home address and telephone number, employment position, date first began employment and when employment was terminated, if applicable.

- (2) Each massage therapist's license number and date of expiration of license.

- (3) The log shall at all times reflect the names for the previous one year. Wherever the log is located, the log shall be subject to inspection upon request, during normal business hours. A massage therapy establishment licensee shall maintain at the massage therapy establishment a log of all massage therapy administered at the establishment. The log shall contain the following information: date, time and type of each massage therapy administered, name and address of the client, and name of the massage therapist administering the massage therapy.

Notes:
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________________________________________________________________________
________________________________________________________________________

Inspection Address: _______________________________________________________

Name of Business: _______________________________________________________

Inspection Conducted With (Owner/Employee): ________________________________

Job Title: _______________________

Signature of (Owner/Employee): __________________________________________

Inspector: _______________________ Inspector: _____________________________

Date: ________

Plan Review & Inspection
480-503-6700
90 E. Civic Center Dr.
Gilbert, AZ 85296