

Berkley Board of Health
Tanning Facilities – Application Form

Application Fee - \$100.00

Date of Application: _____

License No. _____

1. Name of Tanning Facility: _____

Address: _____

Telephone No. _____

Fax No. _____

2. Owner's Name: _____

Address: _____

Telephone No. _____

3. Responsible Individual: _____

Address: _____

4. Number of tanning devices: _____ Beds _____ Booths

Location: _____

Federal Certification label present? _____

Date of Manufacturer _____ Installed? _____

Are barriers from lamps present? _____

Number of bulbs: _____

Type of bulbs: _____

Does the unit have a separate timer? _____

Is the timer accurate? _____

Is the temp. < 100° F >? _____

5. Manufacturer's Name: _____

Model No. _____

Serial No. _____

Type of UV Lamp: _____

- Stationary or Mobile: _____
6. Name of supplier: _____
Address: _____
Telephone No. _____
7. Name of Installer: _____
Address: _____
9. Name of Service Agent: _____
Address: _____
Telephone No. _____
10. Enclose copy of consent used by the Facility in fulfilling the requirement of 105 CMT 003 (D) (2) and (3) to each customer.
11. Enclose a copy of the operating and safety procedures to be followed in the operation of the facility and tanning device(s).
12. Does the facility have a copy of the manufacture's recommendations for skin type and exposure time for each tanning unit?
13. Are proper warning signs used and are they posted within 3 feet of each tanning device?
14. Can the user of the tanning device clearly see the warning sign prior to energizing the tanning device?

15. Protective Eyewear:
- a) Does facility have protective eyewear? _____
 _____ One time use/Disposable _____ Multi -Time Use
 - b) Does the facility have instructions for the mandatory use of eyewear? _____
 - c) Does the facility have eyewear manufacturer literature on file? _____
 - d) Does the facility properly sanitize eyewear after each use? _____
16. Operators:
- a) Name: _____
 - b) Is the operator aware of skin types I-IV? _____
 - c) Taining: _____
 _____ SAE Certification _____ On the job training
 - d) Does facility maintain a list of all operator(s)? _____
 - e) Is a trained operator always present? _____
 - f) Is the operator(s) knowledgable about photosensitizing agents? _____
17. Records:
- a) Is each customer given a written statement containing the same language as the warning sign? _____
 - b) Are parental consent forms available for customers 14-17 years old? _____
 - c) Do parents of legal guardians accompany customers that are under the age of 14 years old? _____
 - d) Is a record kept for each customer? _____
 Showing: Tanning visits _____ Tanning times _____
 - e) Have there been any tanning injuries at this facility? _____
 If yes, were they reported to the Board within 5 days? _____
 Were they reported to MA DPH/RCP within 5 days? _____
 - f) Does the facility have an established method of reporting injuries? _____

18. Sanitation:

- a) Is there access to a toilet and hand washing facility? _____
- b) Is there access to drinking water?_____
- c) Are there towels?_____
- d) Are all surfaces disinfected after each use?_____
- e) Is there adequate ventilation? (20 CFP Occupant)?_____
- f) Are showers provided?_____
- If yes, is the hot water between 100° – 120° F?_____
- Is the shower floor proper?_____
- Is the shower cleaned daily?_____
- With what?_____

19. Enclose a check payable to the **“Town of Berkley”** n the amount of \$100.00.

20. I _____owner of
_____do hereby certify that I
have received, read, and understand the requirements of 105 CMR 123.000
Tanning Facilities regulations.

Name:_____

Date:_____