

(Name of Licensee)

Massage Therapy Inspection Report

North Dakota Board of Massage Therapy \cdot PO Box 3141 \cdot Bismarck, ND 58502-3141 <u>ndbmt@aptnd.com</u> \cdot 701-712-8624 \cdot www.ndbmt.org

Licensee Name:	License #:
Establishment Name:	
Address:	
Phone #:	E-mail:
1. Current license card is displayed and easily visible.	
2. Client records are not accessible to the public.	
3. Massage room is clean, sanitary, has adequate lighting and is safe and free of electrical shock and fire hazards.	
4. All tools and implements used for massage are disinfected before use on a client.	
5. If the massage room is in a private residence, the room is set up as a professional setting.	
6. If the massage establishment is not a private residence, waiting room and hallway leading to the massage area is in a clean and sanitary condition.	
7. Restroom readily available; hot and cold water available to ensure business can be conducted in a sanitary manner.	
8. Licensee does not use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon the premises in the portion of a massage establishment in which a massage is provided during the hours the establishment is open to the public.	
9. There is no smoking in the portion of the massage establishment	in which a massage is provided.
10. Any mirrors or windows in the massage establishment are located and covered in a manner to maintain the privacy of the person receiving massage at all times during the massage and while the client is dressing and undressing.	
11. Proper draping/treatment is practiced in a way to ensure the personal safety, comfort, and privacy of the client.	
12. Clean linens are organized and kept off the floor. Clean linens are used for each client, including pillow and bolster coverings.	
13. Soiled lines are kept off the floor and in a receptacle.	
14. Massage products such as liquids, creams, oils, etc., are kept in clean, labeled and sealable containers.	
15. All products used on a client must be dispensed by a spatula, scoop, spoon, squeeze bottle, pump, dropper, or similar dispenser, so the remaining product is not contaminated.	
16. Portions of product used on one client are not used for another client.	
I verify that the information provided on this inspection report is true and complete:	
(Name of Inspector) (L	Date)

(Date)