



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES**



4052 Bald Cypress Way, BIN # C70 • Tallahassee, FL 32399-3270

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**ELECTROLYSIS FACILITY**

ROUTINE  CHANGE LOC  NEW  CURRENTLY NOT OPERATING

INSPECTION AUTHORITY – CHAPTER 478.51(8)(9), F.S., AND 64B8-51.006 FAC

NAME OF ESTABLISHMENT		LICENSE NUMBER		DATE OF INSPECTION			
DOING BUSINESS AS				PERSONS EMPLOYED	LICENSE #		
LOCATION ADDRESS		TELEPHONE #					
CITY	COUNTY	STATE/ZIP					
BUSINESS OWNER'S NAME							
HOME ADDRESS		TELEPHONE #					
CITY	COUNTY	STATE/ZIP					
	SATISFACTORY	YES	NO		SATISFACTORY	YES	NO
501	Electrologist license active. [478.49(1), F.S.] [478.49(1), F.S.]			522	Covered container for forceps/tweezers, needles/probes capable of being sterilized. [64B8-51.006(3)(e)13, F.A.C.]		
502	Electrologist license visibly displayed. [478.49(2), F.S.] [64B8-51.006(3)(b)2, F.A.C.]			523	Sharps container for disposal of used needles/probes. [64B851.006(3)(e)8, F.A.C.]		
503	Electrolysis facility properly licensed. [478.51(1), F.S.]			524	Most recent inspection sheet visibly displayed. [64B8-51.006(3)(b)3, F.A.C.]		
504	Facility license conspicuously displayed. [478.51(2), F.S.] [64B8-51.006(3)(b)1, F.A.C.]			525	Current copy of rule 64B8-51.006, F.A.C. visibly displayed. [64B8-51.006(3)(b)4, F.A.C.]		
505	Facility does not employ unlicensed persons to practice electrology. [478.52(1)(k), F.A.C.]			526	Monthly records of sterilizer biological test monitoring available upon request. [64B8-51.006(3)(e)18, F.A.C.]		
506	Needle holder tips and clean and sterile needles/probes. [64B8-51.006(3)(e) 2 & 3, F.A.C.]			527	Appointment book maintained on premises listing names of persons receiving electrolysis treatment. [64B8-51.006(3)(f), F.A.C.]		
507	Betadine, 3% pharmaceutical grade hydrogen peroxide or 70% isopropyl alcohol or single use wipes saturated with 70% isopropyl alcohol, and clean, non-sterile cotton balls. [64B8-51.006(3)(e)14 & 15, F.A.C.]			528	Toilet and lavatory fixtures and components clean, in good repair, well lighted and in an adequately ventilated location to remove objectionable odors. [64B8-51.006(3) (c), F.A.C.]		
508	Room where electrolysis is performed has 4 permanently fixed walls at least 6 feet high permanently connected to the floor and doors capable of being locked. [64B8-51.006(3)(a)1, F.A.C.]			529	Minimum of one toilet and sink with running water provided in a separate room on the premise or in the same building, equipped with toilet tissue, soap, or other hand cleaning material, disposable towels or electric blow dryer and a waste receptacle. [64B8-51.006(3) (c), F.A.C.]		
509	FDA registered needle-type epilation device [64B8-51.006(3)(e)1, F.A.C.]			530	The only animals present are those trained to assist hearing/visually impaired or physically disabled. [64B8-51.006(3)(d), F.A.C.]		
510	Treatment table/chair with nonporous surface capable of being disinfected. [64B8-51.006(3)(e)4, F.A.C.]			<b>If the establishment is engaged in Laser Hair Removal the following conditions must be satisfied *</b>			
511	Non-sterile disposable examination gloves. [64B8-51.006(3)(e)20, F.A.C.]			Lic Name:	Lic Number:		
512	Sink with hot and cold running water within the electrolysis facility. [64B8-51.006(3)(a)2, F.A.C.]			Proof of Certified Medical Electrologist (CME) Certification by a national certified organization approved by the Society of Clinical & Medical Hair Removal (SCMHR) [64B8-51.006(3) (g) 2]			
513	Magnifier/optical loupe or microscope capable of being cleaned and disinfected. [64B8-51.006(3)(e)10, F.A.C.]			Proof of certification of a 30-hour continuing education course approved by the Electrolysis Council [64B8-51.006(3) (g) 1]			
514	Single use, disposable towels. Sanitary waste receptacles for disposal of used gloves, paper supplies, cloth drapes stored in closed container or compartment. [64B8-51.006(3)(e)7, F.A.C.]			Proof of registration of laser as required by section 501.112, FS. [64B8-51.006(3) (g) 3]			
515	Only autoclave or dry heat sterilizer (glass bead sterilizer not acceptable). [64B8-51.006(3)(e)17, F.A.C.]			Laser room labeled with sign, with doors capable of being locked. [64B8-51.006(3) (g) 5,6]			
516	Clean and sterile forceps/tweezers, and EPA registered tuberculocidal hospital grade disinfectant/household bleach/pre-saturated disinfectant cloths for wiping non-porous surfaces. [64B8-51.006(3)(e) 11, F.A.C.]			Fire extinguisher in the vicinity of laser room. [64B8-51.006(3) (g) 8] Written designation of laser safety officer. [64B8-51.006(3) (g) 4]			
517	Electrolysis facility is clean, sanitary, well lit, and allows for circulation of air odors. [64B8-51.006(3)(a), F.A.C.]			Protective eyewear for all persons in laser room during laser operation and cold water and ice readily available. [64B8-51.006(3) (g) 7,9]			
518	Disposable paper or sanitary cloth drapes stored in closed container or compartment. [64B8-51.006(3)(e)5, F.A.C.]			The Electrologist is operating under the direct supervision and responsibility of a physician properly trained in hair removal and licensed pursuant to Chapter 458,			
519	Cloth towels, if used, laundered and sanitized, and stored in closed container or compartment. [64B8-51.006(3)(e)16, F.A.C.]			Written Protocols on premises, signed and dated with a copy being filed with the Dept. of Health. [64B8-56.002(4) (a)]			
520	Eye shields capable of being cleaned w/disinfectant, if used. [64B8-51.006(3)(e)12, F.A.C.]			At least one piece of properly registered laser equipment located within the electrology facility. [64B8-51.006(3) (g) 10]			
521	Holding container for soaking and cleaning contaminated instruments. [64B8-51.006(3)(e)19, F.A.C.]						

\* Questions with (\*) may be answered n/a (not applicable)

Remarks: \_\_\_\_\_

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I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Signature of Owner or Licensee \_\_\_\_\_

Date \_\_\_\_\_

Investigator Signature/ID Number \_\_\_\_\_

Telephone # \_\_\_\_\_