



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



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ELECTROLYSIS TRAINING SCHOOL

ROUTINE CHANGE LOC NEW CURRENTLY NOT OPERATING CHANGE OWNER

INSPECTION AUTHORITY - CHAPTER 478.51(8)(9), CHAPTER 456, F.S. and 64B8-51.006 F.A.C.

File # _____
Insp # _____

NAME OF ESTABLISHMENT		PERMIT NUMBER		DATE OF INSPECTION	
DOING BUSINESS AS				EXPIRATION DATE	
STREET ADDRESS		TELEPHONE #	EXT.	OWNER'S NAME	
CITY		COUNTY		STATE/ZIP	
PERSON EMPLOYED	LICENSE NUMBER	PERSON EMPLOYED	LICENSE NUMBER		
				SATISFACTORY	YES NO
1	All students during the clinical portion of an electrolysis training program shall have access to a full work station consisting of the following: (Only one student shall be assigned to each work station.) [64B8-53.001(6), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
2	All students during the clinical portion of an electrolysis training program shall have access to U.S. FDA registered short wave, blend, and galvanic epilator with multiple needle apparatus devices. [64B8-53.003(1)(a) to (c), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
3	Magnifying device or treatment lamp. [64B8-53.003(1)(d), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
4	Treatment table or treatment chair. [64B8-53.003(1)(e), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
5	Operator stool or chair. [64B8-53.003(1)(f), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
6	Autoclave with chemical biological indicators. [64B8-53.003(1)(g), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
7	Dry heat sterilizer with chemical biological indicators. [64B8-53.003(1)(h), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
8	Needles/probes of various sizes. [64B8-53.003(1)(i), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
9	Forceps/tweezers. [64B8-53.003(1)(j), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
10	Needle holder tips. [64B8-53.003(1)(k), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
11	Ultrasonic cleaner with enzyme dissolving detergent. [64B8-53.003(1)(l), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
12	Covered holding containers for contaminated instruments. [64B8-53.003(1)(m), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
13	Sharps container for disposal of used needles and other sharp instruments in accordance with 64E-16, F.A.C. [64B8-53.003(1)(n), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
14	Non-sterile disposable examination gloves. [64B8-53.003(1)(o), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
15	Waste receptacles. [64B8-53.003(1)(p), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
16	Soaps. [64B8-53.003(1)(q), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
17	Paper towels. [64B8-53.003(1)(r), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
18	Paper table coverings. [64B8-53.003(1)(s), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
19	Tuberculocidal hospital grade disinfectant detergent. [64B8-53.003(1)(t), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
20	Betadine, 3% U.S. pharmaceutical grade hydrogen peroxide and 70% isopropyl alcohol or wrapped, single use wipes saturated with 70% isopropyl alcohol. [64B8-53.003(1)(u), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
21	Clean non-sterile materials such as cotton balls, cotton strips, cotton swabs, gauze pads, and gauze strips. [64B8-53.003(1)(v), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
22	Clean, covered containers for creams, lotions and ointments with single use spatulas or containers which are pump or tube type dispensers. [64B8-53.003(1)(w), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
23	Magnifying device which shall be a magnifying lamp, optical loupe or microscope. [64B8-53.003(1)(x), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
24	Reference books/textbooks in the following areas: electrolysis, dermatology, anatomy & medical dictionary. [64B8-53.003(1)(y), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
25	Glass bead sterilizers shall not be used in place of an autoclave or a dry heat sterilizer. [64B8-53.003(2), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>

CONDITIONS FOR ELECTROLYSIS FACILITY ON INV FORM 412 A MUST ALSO BE SATISFIED

Remarks:

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.

PRINT NAME OF RECIPIENT _____

Signature of Owner or Representative _____

Date _____

Investigator Signature _____

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