Board of Therapeutic Massage
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STATE OF MISSOURI
Division of Professional Registration

BUSINESS INSPECTION REPORT

Business/Entity Name	**Pre- license Number**	**D/B/A**	
Massage Therapy business owner/manager and business address	**City**	**Zip**	**Phone** ( )
	M/D/Y for each visit		
	Inspection type *(Check one)*	☐ **Initial/New** ☐ **Routine** ☐ **Change of location** ☐ **Investigation** ☐ **Follow-up**	

Practice Type: (Check one) ☐**Other** *(List on Reverse)* ☐**Spa** ☐**Salon** ☐**MT Business**	**In**	**Out**	**MT Total**	**Missouri State Tax Identification Number**	**No Mo Retail Sales**

Checkmark(s) indicate the business is in violation of inspection requirements and shall be corrected within 30 days.
20 CSR 2197-5.020(12)

1. ☐ Original business license is current and posted.
20 CSR 2197-5.020(3) and (9)
Section 324.250 RSMo
☐ Copy of business license confiscated

2. ☐ Original license & photo for massage therapist(s) are posted. *20 CSR 2197-5.010(1)(E)*
☐ Copy of the therapist(s) license confiscated

3. ☐ Massage therapy student(s) practicing w/out instructor supervision.
20 CSR 2197-2.040(5) 20 CSR 2197-5.010(1) (B)
Sections 324.265.5 RSMo
☐ Copy of student license confiscated

4. ☐ Operated and/or advertised according to business license name. 20 *CSR 2197-5.020(15) Sections 324.252 RSMo*

5. ☐ Copy of massage therapist liability insurance policy is maintained by the business. 20 *CSR 2197-5.010(1)(C) and F*

6. ☐ Client records are maintained for three years.
20 CSR 2197-5.010(1)(G)

7. ☐ Safe passage on the premises for the public is provided.
20 CSR 2197-5.010(1)(K)

8. ☐ Garbage and refuse is stored and removed in a sanitary manner.
20 *CSR 2197-5.010(1)(M)*

9. ☐ The condition of the furniture, walls, ceiling, and windows is properly maintained *(Clean, dust-free).*
20 CSR 2197-5.010(2)(3)(7)

10. ☐ Adequate lighting and ventilation is provided.
20 CSR 2197-5.010(3)

11. ☐ Area is designated for massage. 20 *CSR 2197-5.010(4)*

12. ☐ Restrooms are clean, working, and within 300 feet of massage therapy area room. 20 *CSR 2197-5.010(5)*

13. ☐ Sink is clean and available in proximity of massage therapy room.
20 *CSR 2197-5.010(6)*

14. ☐ Privacy is provided for clients while changing clothes and receiving massage. 20 *CSR 2197-3.010(6)(A) and (B)*

15. ☐ There is adequate space to maneuver around the massage chair/table. 20 *CSR 2197-3.010(6)(F)*

16. ☐ All equipment that comes into contact with a client (i.e. armrest and headrest etc.) are properly covered and/or cleaned with antibacterial agent between each use. 20 *CSR 2197-3.010(6) (G) 1, 2, 3, 4, 5, 6 and 7.*

17. ☐ Lubricants, ice and heat pack equipment or products are stored, dispensed from suitable containers, and cleansed and sanitized between each client use. 20 *CSR 2197-3.010(6)(G) 6, 7, 8, and 9*

18. ☐ All dirty linens and/or drapes are a) properly laundered with hot water/detergent/bleach and/or germicide, b)dried on a high heat setting, and c) when clean stored in enclosed area or container to prevent contact with floor or open area 20 *CSR 2197-3.010(6)(G) 10, 11, 12 and 13.*

19. ☐ Dirty linens, trash cans, or refuse stored separate from clean linens in a closed or covered storage container.
20 CSR 2197-3.010(6)(G)13

20. ☐ Business sells goods at retail. If checked and no state tax ID number on form, please request state tax identification number.
_____ *Section 144.083.4 RSMo.*

20 CSR 2197: REFERENCES THE APPLICABLE REGULATION(S)
324 & 144 RSMO: REFERENCES APPLICABLE LAWS

Signature *(business owner/manager)*	**Inspection Date**
Owner/Manager Print name	**Title**

INSPECTION RESULTS

☐ **NO VIOLATIONS** ☐ **VIOLATIONS**

☐ **INFORMATION FORTHCOMING** *(SEE COMMENTS)*

☐ **I agree with the inspection report** ☐ **I disagree with the inspection report**

MASSAGE THERAPIST(S) EMPLOYED OR PRACTICING ON PREMISES

Name	**License #**	**Photo**

SAMPLE

Inspector Name *(Please Print)*
COMMENTS (Please print)