



BUSINESS INSPECTION FORM

Business/Entity Name A massage business	Pre-license #: 123456123	License #: 2013032123	Phone (626) 123-1234
Business Contact Information - D/B/A Last name, first name 123 address lane	City Kansas City, MO	Zip 64119	Date of Visit/Inspection:
	County Clay	Last Inspection Date: 11/14/2023	
Inspection type (Select One):	Time In:	Time Out:	Total Time:
Inspector:	Missouri Retail Sales: <input type="radio"/> No <input type="radio"/> Yes (Record MO State Tax ID#):		
	City/County License: <input type="radio"/> No <input type="radio"/> Yes (Record entity license #):		
Business Hours: <input type="radio"/> By Appointment Only <input type="radio"/> List open hours below _____		Name of Individual Greeting Inspector: _____	
Owner/Manager: <input type="radio"/> Yes <input type="radio"/> No			

INDIVIDUALS PROVIDING MASSAGE THERAPY

Name	LICENSE #	Photo Posted	Prof Liability Insurance
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Checkmark(s) indicate the business is in violation of Inspection Requirement(s) and shall be corrected within 30 days. 20 CSR 2197-5.020(5)

33. **Inspector was not allowed to conduct inspection. 20 CSR 2197-5.020(8)**

LICENSURE, INSURANCE and RECORDS

1. <input type="checkbox"/> Business open without current license. <i>Section 324.250.1 RSMo</i>	6. <input type="checkbox"/> No licensed massage therapist on site. <i>Section 324.247 RSMo</i>
2. <input type="checkbox"/> Business license not properly posted. <i>Section 324.250.3 RSMo and 20 CSR 2197-5.010(1)(D)</i>	7. <input type="checkbox"/> Unlicensed individual(s) providing massage therapy. <i>Section 324.247 RSMo & 20 CSR 2197-5.010(1)(A)</i>
3. <input type="checkbox"/> Original license & photo posted for massage therapist(s). <i>Section 324.250.3 RSMo, 20 CSR 2197-3.010(3)(E) .20 CSR 2197 5.010(1)(E)</i>	8. <input type="checkbox"/> The licensee documents client information. <i>20 CSR 2197-3.010 (4)</i>
4. <input type="checkbox"/> Proof of business general liability insurance. <i>20 CSR 2197-5.010 (1)(G)</i>	9. <input type="checkbox"/> The licensee maintains accurate client records for at least three (3) years. <i>20 CSR 2197-3.010 (3) (F)</i>
5. <input type="checkbox"/> Proof of massage therapist liability insurance policy. <i>20 CSR 2197-5.010 (1) (C)</i>	10. <input type="checkbox"/> The business maintains accurate client records for at least three (3) years. <i>20 CSR 2197-5.010 (1) (F)</i>

