# BUSINESS INSPECTION FORM

<table>
<thead>
<tr>
<th>Business/Entity Name</th>
<th>Pre-license #:</th>
<th>License #:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>D/B/A</th>
<th>City</th>
<th>Zip</th>
<th>Phone</th>
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**Business Contact Information**

<table>
<thead>
<tr>
<th>County</th>
<th>M/D/Y each visit</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Inspection type**

- Initial/New
- Change of Location
- Follow-up
- Investigation

<table>
<thead>
<tr>
<th>Arrival Time</th>
<th>Departure Time</th>
<th>Total Time</th>
<th>Missouri State Tax ID Number</th>
<th>No MO Retail Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
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**City/County License**

- Yes
- No

If yes, please list name and license number below.

**Business Hours**

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
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</table>

**Average number of clients per week**

<table>
<thead>
<tr>
<th>Number of massage therapy</th>
<th>Rooms</th>
<th>Tables</th>
<th>Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Print Name of Individual greeting inspector if not listed in Business Contact information**

**Owner/Manager**

- Yes
- 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(12)

1. ☐ Business open without current license. 324.250.1 RSMo
2. ☐ Business license not properly posted. 324.250.3 RSMo and 20 CSR 2197-5.020(9)
3. ☐ Proof of business general liability insurance. 20 CSR 2197-5.010 (1)(H)
4. ☐ No licensed massage therapist on site. 324.247 RSMo
5. ☐ Unlicensed individual(s) providing massage therapy. 324.247 RSMo and 20 CSR 2197-5.010 (1)(A)
6. ☐ Original license and photo for massage therapist(s). 324.250.3 RSMo, 20 CSR 2197-3.010 (4)(D) and 20 CSR 2197-5.010 (1)(E)
7. ☐ Proof of massage therapist liability insurance policy. 20 CSR 2197-5.010(1)(C)
8. ☐ Safe passage on the premises for the public is provided. 20 CSR 2197-5.010(1)(K)
9. ☐ Restrooms are clean, working, and within 300 feet of massage therapy area room. 20 CSR 2197-5.010(5)
10. ☐ Area is designated for massage. 20 CSR 2197-5.010(4)
11. ☐ Privacy provided for client. 20 CSR 2197-3.010(6)(A)&(B)
12. ☐ Adequate lighting and ventilation. 20 CSR 2197-5.010(3)
13. ☐ Floors, walls and windows clean and dust free. 20 CSR 2197-5.010(3)
14. ☐ Business free of dead flies, insects or other vermin. 20 CSR 2197-5.010 (7)
15. □ Sink within a reasonable distance of massage room, clean good working condition.  
   \textit{20 CSR 2197-5.010(6)}

16. □ Adequate space to practice.  
   \textit{20 CSR 2197-3.010(6)(F)}

17. □ The licensee maintains equipment in safe sanitary manner.  
   \textit{20 CSR 2197-3.010 (6)(G)}

18. □ The business maintains equipment in safe sanitary manner.  
   \textit{20 CSR 2197-5.010(1)(J) and (2)}

19. □ Upholstery has no nicks or cuts.  
   \textit{20 CSR 2197-3.010(6)(G) 2}

20. □ Equipment covered with single service material.  
   \textit{20 CSR 2197-3.010(6)(G)1}

21. □ Equipment and containers cleaned with antibacterial agent after each client.  
   \textit{20 CSR 2197-3.010(6)(G)3, 4 and 5}

22. □ Products used during massage stored and dispensed from suitable containers that are sanitary.  
   \textit{20 CSR 2197-3.010(6)(G)8}

23. □ Single service materials such as towels, sheets, pillow cases are changed between each client.  
   \textit{20 CSR 2197-3.010(6)(G)11}

24. □ Products and/or single service materials are stored separately from cleaning supplies.  
   \textit{20 CSR 2197-3.010(6)(G)8 and 10}

25. □ Dirty, soiled single service materials stored in closed container or shelf and separate from clean single  
   service materials.  
   \textit{20 CSR 2197-3.010(6)(G)13}

   \textit{20 CSR 2197-3.010(6)(G)13}

27. □ Garbage and refuse properly disposed.  
   \textit{20 CSR 2197-5.010(1)(M)}

28. □ Single service materials are properly laundered in hot water with antibacterial detergent.  
   \textit{20 CSR 2197-3.010(6)(G)12}

29. □ Single service materials are dried on high heat setting.  
   \textit{20 CSR 2197-3.010(6)(G)12}

30. □ The licensee maintains accurate client records for at least three (3) years.  
   \textit{20 CSR 2197-3.010(4)(E)}

31. □ The licensee documents client information.  
   \textit{20 CSR 2197-3.010(5)}

32. □ The business maintains accurate client records for at least three (3) years.  
   \textit{20 CSR 2197-5.010(1)(G)}

33. □ Inspector allowed to conduct inspection.  
   \textit{20 CSR 2197-5.020(8)}

\textbf{During the course of the inspection was the inspector able to ask questions and obtain responses?}

\begin{itemize}
  \item [\textcircled{Yes}] Yes \quad \textcircled{No} No
  
  \textit{If no, please explain below.}
\end{itemize}

\textbf{During the course of inspection, was inspector referred to anyone, either in person or by telephone?}

\begin{itemize}
  \item [\textcircled{Yes}] Yes \quad \textcircled{No} No
  
  \textit{If yes, please explain below.}
\end{itemize}
During inspection did inspector talk to any clients?

☐ Yes  ☐ No  *If yes, please explain below.*

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

INDIVIDUALS PROVIDING MASSAGE THERAPY

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE #</th>
<th>PHOTO POSTED (A)</th>
<th>PROF LIABILITY INS (B)</th>
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<td>(A) □ Yes □ No</td>
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<td>(B) □ Yes □ No</td>
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INSPECTION RESULTS

☐ No Violation(s)  ☐ Violation(s)

By signing this report I affirm the following: I understand and agree with the violations noted on the inspection form. I understand I am responsible for correcting the violations. I understood the inspector's explanation regarding the violations.

☐ Owner/Manager  ☐ Staff

Licensee/Applicant/Representative Signature and Date

☐ Other  *(Please clarify below)*

INSPECTION NOTES

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Inspector Signature & Date

Revised 09/12/18