

IOWA DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR A PERMIT TO OPERATE A TANNING FACILITY

As authorized under Chapter 136D, The Iowa Code, and in accordance with 641-Chapter 46, the Iowa Radiation Machines and Radioactive Materials Rules, the Iowa Department of Public Health (IDPH) conducts a "permit to operate" program for tanning devices. Each person possessing a non-exempted tanning device is required to obtain a permit for all tanning facilities. The permit is not transferable from one person to another or from one facility to another. The permit does not imply approval or disapproval of the equipment of facility.

1. Complete owner/manager examination by contacting the county Board of Health for your area. The examination can be completed by using the training information. Training for employees will be sent to you along with the facility permit and warning signs. It should be completed as stated on the employee test.
2. Complete all sections of the application. Print or type all answers. Use additional sheets if necessary.
 - a. If there is more than one owner, each owner must sign and date the form.
 - b. If the units have not been purchased yet, note the number of units to be purchased, and send the device information when the units are installed.
3. Return the following to the IDPH/Radiology, Lucas State Office Bldg/5th Floor, 321 E 12th, Des Moines, IA 50319:
 - a. Completed and signed registration application.
 - b. Five dollar (\$5.00) facility application fee.
 - c. Completed "Individual Facility Training" form and proof of completion of testing for each owner/manager from the county health department.
 - d. Copy of the form that you will use to record that the consumer has read and signed that they have read the IDPH health warnings. The statement, "I have read the IDPH health warnings" should be on the form.
4. Make check or money order payable to the Iowa Department of Public Health. A \$15 fee will be assessed for each check returned for insufficient funds.
5. A permit to operate a tanning facility will be returned to you as acknowledgment of your completed application. This permit must be displayed in an open public area of the tanning facility. The permit will expire 12 months from the month of issuance. Renewal notices are sent approximately 45 days prior to the date of expiration.
6. A permit to operate must be posted before beginning operation.
7. For questions, please call 515/281-0415 or write to: Iowa Department of Public Health or ccraig@idph.state.ia.us.

IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Radiological Health/5th Floor
321 East 12th Street
Des Moines, IA 50319

PERMIT NO: _____
(Assigned by IDPH)

APPLICATION FOR A PERMIT TO OPERATE A TANNING FACILITY AND EQUIPMENT

FACILITY INFORMATION: all information pertains to the actual location of the tanning devices.
Please print or type. Please refer to this name when contacting the IDPH with questions.

1. NAME _____
2. LOCATION: _____
3. CITY: _____ ZIP: _____
4. MAILING ADDRESS: _____
(if different from location)

5. TELEPHONE NO: _____/_____/_____

OWNER INFORMATION: all information pertains to owner of the units.

1. NAME: _____
 2. ADDRESS: _____
 3. CITY: _____ ZIP: _____
 4. TELEPHONE NO: _____/_____/_____
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1. I verify that the information included in this application and the enclosures are truthful and accurate.
2. I will notify the IDPH within 30 days of any changes, additions, or deletions to this application. The permit is not transferable to another owner.
3. I understand that the permit does not imply approval or disapproval of this facility.

Owner's signature

Date

TANNING DEVICE INFORMATION: Complete the information for each tanning device. List bed or booth but do not list equipment such as protective eyewear, timers, and handrails. Add an additional page if you have more than four units.

Type = 1) bed, 2) booth

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|----|-------|------------------------|--------------------------------|
| 1. | _____ | _____ | Manufacturer date (year) _____ |
| | Type | Manufacturer of device | |
| 2. | _____ | _____ | Manufacturer date (year) _____ |
| | Type | Manufacturer of device | |
| 3. | _____ | _____ | Manufacturer date (year) _____ |
| | Type | Manufacturer of device | |
| 4. | _____ | _____ | Manufacturer date (year) _____ |
| | Type | Manufacturer of device | |

If this is a 24 hour electronically controlled facility, please check the website for "Requirements for electronically controlled facilities."

INDIVIDUAL FACILITY TRAINING

I verify that I have completed the items below for my specific tanning units and facility:

Signature of Owner/manager

Date

- Have read the user's manual and am familiar with its recommendations on exposure.
- Am familiar with the tanning unit and how it works.
- Know how to determine tanning times according to skin type.
- Know how to adjust tanning times for previous tanning exposures, photosensitizing agents, and new lamps.
- Know how to clean the bed and what cleansing agent to use.
- Recognize brands of goggles that are approved. Check them for alterations and/or cracks.
- Know what records are to be kept and where.
- Know where the consumer is to sign that they have read the IDPH health warnings.
- Know facility procedure for denying tanning to those who refuse to follow required regulations.
- Know the procedures for emergencies and where the phone numbers are located.