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. FACILITY NAME _____

2. MANAGER'S NAME_____

2. STREET ADDRESS: _____

3. CITY:_____ ZIP:_____COUNTY_____

4. MAILING ADDRESS: _____
(if different from location)
_____

5. TELEPHONE NO: _____/_____/_____

6. Is the facility offering tanning sessions under the 24 hour/electronic tanning rules? [ ]yes [ ] no
If yes, an inspection must be scheduled before tanning sessions may be offered.

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

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.