



**TENNESSEE DEPARTMENT OF HEALTH  
 MASSAGE ESTABLISHMENT INSPECTION**

ESTABLISHMENT	LICENSE #	DATE	SCORE
LOCATION	OWNER		_____ /100
CITY, STATE, ZIP	TELEPHONE #		( ) 1. Initial ( ) 2. Re-Inspection ( ) 3. Periodic
LICENSED STAFF			LICENSE #
_____			_____
_____			_____
_____			_____

FIRE CODES		
1.	Fire extinguishers provided	4
2.	Fire extinguishers tested/operable	4
3.	Smoke detector(s) provided in client areas, one smoke detector for every four rooms	4
4.	Smoke detectors function properly	4

ADEQUATE WAITING AREA		
5.	At least one chair, per massage room	1
6.	Area kept clean and uncluttered	1

PEST CONTROL		
7.	No visible signs or evidence of insects or rodents	2

LIGHTING, VENTILATION		
8.	Adequate lighting provided in massage therapy room and waiting area	1
9.	Sufficient ventilation provided	1

CLEANLINESS		
10.	Light fixtures clean and free of dust	1
11.	Floors clean and free of dust	1
12.	Walls clean	1
13.	Ceilings clean	1
14.	Windows clean	1
15.	Establishment maintained clean and free of litter	1

REST ROOMS		
16.	At least one rest room with water flushed toilet	2
17.	Rest room(s) equipped with toilet paper	1
18.	Rest room(s) equipped with hand cleansing materials	1
19.	Rest room(s) equipped towels or hand-drying device	1
20.	Rest room(s) equipped with waste receptacle	1
21.	In buildings housing multiple businesses-restrooms provided within 300 feet of establishment	2
22.	Hand cleansing capabilities within 20 feet of treatment area	2
23.	At least one sink with hot and cold running water within 300 feet of treatment area	2
24.	Rest room(s) maintained in good repair, well lighted, adequately ventilated	2

GARBAGE REMOVED		
25.	Public areas kept uncluttered and unobstructed	2
26.	No visible signs of garbage in public/client area	2

FLAMMABLE & HAZARDOUS WASTE		
27.	No visible signs of flammable or hazardous waste in establishment	1

LICENSURE		
28.	All massage therapists licensed	*AF
29.	Current copies of all massage therapists licenses	5

EQUIPMENT CLEANLINESS		
30.	Equipment maintained in a safe and sanitary condition	3

MESSAGE TABLE CLEANED DAILY		
31.	Massage table is made of material that can be cleansed and sanitized	5
32.	Cleansers and bactericidal agents provided for regular application	5
33.	Massage table thoroughly cleansed at least once daily or when oils or other substances are visible	5

SHOWER FACILITIES, IF APPLICABLE (When equipped with whirlpool bath, sauna, steam cabinet and/or steam room)		
34.	Shower facilities provided	5
35.	Shower facilities kept clean	5
36.	Whirlpool, sauna, etc. is sanitized after each client's use	5

CLEAN SHEETS, TOWELS, DRAPES FOR EACH CLIENT		
37.	Sufficient supplies of clean sheets, drapes and towels readily available for each client	4

EQUIPMENT, SUPPLIES SANITIZED		
38.	All materials, equipment and supplies for each client laundered or sanitized before reuse	5

DRAPING TECHNIQUES EXPLAINED		
39.	Provide documentation or explanation as to procedures used to explain draping techniques to clients	3
40.	Each client is provided with a drape while being massaged	3

The establishment license may be subject to disciplinary action, pursuant to Rule 0870-1-.13, when the inspection reveals that the establishment does not meet the standards and requirements set by this rule or when the inspection reveals that the license of any employee has been suspended or revoked.

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Massage Establishment Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Time Inspection Began \_\_\_\_\_ Completed \_\_\_\_\_

\*Automatic Failure

Passing Score – 85 and above      Failing Score – 84 and below

**MESSAGE ESTABLISHMENT INSPECTION  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ESTABLISHMENT	LICENSE #	DATE	SCORE
LOCATION	OWNER		_____ /100
CITY, STATE, ZIP	TELEPHONE #		<input type="checkbox"/> 1. Initial <input type="checkbox"/> 2. Re-Inspection <input type="checkbox"/> 3. Periodic

**Note: This document contains a listing of the deficiencies recorded by the State Massage Establishment Inspector that require correction. In the Plan of Correction column, the statements should reflect the facility's plan for corrective action and anticipated time for correction.**

Summary Statement of Deficiencies Recorded	Establishment Plan of Correction with Time Table

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Message Establishment Signature

\_\_\_\_\_  
Date