

Visits to commercial solaria by DHB Public Health Units between 1 February and 31 July 2014: summary of findings

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1 Executive summary

Staff from Public Health Units (PHUs) made a fourth round of visits to commercial solariums in their regions in the first half of 2014. These visits were initiated in 2012 to ensure that solarium operators were familiar with best practice procedures to reduce the risks from exposure to ultra-violet (UV) radiation from sunbeds.

PHU staff were requested to use a standardised assessment form to check aspects of the solarium operation against recommendations in AS/NZS 2635:2008 *Solaria for cosmetic purposes* (the Standard). The eleven areas of operation examined mostly covered administrative and procedural aspects of the operation. The same areas were examined in the first half of 2013, so the effectiveness of the visits can be gauged by comparing results between the two sets of visits.

188 establishments were contacted, of which 162 had sunbeds (fewer than in 2013). PHU staff visited 145 of these establishments. As in 2013, some operators refused to be visited, and several reported that they expected to stop offering sunbed services in the near future.

133 establishments were assessed using the standardised assessment form. Compared with 2013, there was slightly greater compliance with the Standard. In particular, there were marked increases in the number of establishments displaying warning signs, using a consent form, and ensuring that trained staff are available when sunbeds are being used. On the other hand, some areas checked showed worse compliance than in 2013, notably in the number of establishments allowing under-18s to use a sunbed. As in 2013, large majority of sunbed operators welcomed the PHU visits.

It is recommended that the next six-monthly visits should focus on making operators fully aware of the Health Act amendments affecting sunbed operations (which have now had their first reading), as well as continuing to ensure that they have the resources they need to help comply with the Standard. Establishments claiming health benefits should also be reminded of the Commerce Commission's 2011 finding on this.

Several PHUs once again noted that patients are being referred to commercial solariums for help to alleviate skin conditions. As the UV spectrum and dose received from the sunbeds is not known, this appears inadvisable and it is recommended that this is once again brought to the attention of dermatologists and GPs.

2 Solarium visit objectives

2.1 Background

In May 2012 the Ministry of Health (MoH) requested PHUs to:

- Visit all commercial solariums in the region covered by the PHU at least every six months;
- Provide information to operators on best practice to reduce the public health risks from using solariums;
- Make operators aware of regulatory regimes being implemented overseas, such as the ban on solariums in New South Wales from 31 December 2014.

The reason for these visits was the persistent finding, in surveys commissioned by the MoH from Consumer NZ, of generally poor compliance with the procedures recommended in the voluntary

Standard AS/NZS 2635:2008 *Solaria for cosmetic purposes*. The procedures in the Standard are intended to reduce the risks arising from exposure to the UV radiation emitted by sunbeds.

Since then four rounds of visits have been carried out (including the visits reported here). As a means to assess the effectiveness of the visits, a standardised assessment scheme was developed to check aspects of solarium operation against recommended practices in the Standard. The scheme was first used during visits in the first half of 2013, and again in the visits reported here. During visits in the second half of 2013, PHUs were asked to concentrate on ensuring that solarium operators were aware of forthcoming legislation banning under-18s from using sunbeds, and that they had resources to help them implement the administrative and procedural requirements of the Standard.

Reports on the previous visits are available from the Ministry of Health¹.

2.2 Solarium visits

As with previous visits, a package of information and support material was distributed to PHUs. This included:

- A standardised assessment form
- A spreadsheet to be used for compiling assessment results
- Notes on using the assessment form and spreadsheet
- Good practice suggestions
- Examples of consent forms and initial interview records
- Information on where other supporting material could be found.

A copy of the assessment form is in Appendix A of this report. The spreadsheet for compiling results included the same fields as the form. The assessment examined 11 areas of operation:

- Ten of these covered administrative and procedural parts of the Standard, such as the presence of warning signs, record-keeping and exclusion of high risk individuals.
- One covered the technical requirements of the Standard on sunbed timers.

In addition, PHU staff were asked to report on the numbers of sunbeds in each establishment and, if possible, obtain an estimate of the number of sessions per week.

In three areas (skin assessment, timer and training) PHU staff were asked to try and find out additional information: on how the skin assessment was performed, how operators determined session times, and whether they kept records of staff training.

Finally, section 13 of the assessment form gathered information on operator interest and engagement with the visits and risk reduction measures.

As with the previous rounds of visits, PHU staff were encouraged to provide material to operators to help them comply with the Standard, for example, templates of consent forms and warning notices, and the Ministry's 2013 version of their *Guidelines for operators of ultraviolet (UV) tanning lamps*.

¹ "Survey of Commercial Solaria by DHB Public Health Units Between 1 July and 31 December 2012. Summary of Findings." "Visits to commercial solaria by DHB Public Health Units between 1 February and 31 July 2013: summary of findings." "Visits to commercial solaria by DHB Public Health Units between 1 July 2013 and 31 January 2014: summary of findings". All available from the Ministry of Health.

3 Results

3.1 Overview of data received

The spreadsheet included opportunities for PHU staff to enter comments, and simply returning the completed spreadsheet was the main reporting requested. Several PHUs also prepared a brief overview of their findings, which was very helpful. Reports received back are summarised below.

Reporting	Number of PHUs
Spreadsheet only	4
Summary report, no spreadsheet	1
Spreadsheet and summary report	7

3.2 Countrywide statistics

The table below presents data on all establishments throughout the country.

Characteristic	2014	2013
Establishments contacted	188	189
Establishments with sunbeds ²	162	173
Establishments with sunbeds visited	145	139

Almost all PHUs noted that some establishments had closed down or removed sunbeds in the past year, and that others were planning to cease sunbed operations in the next few months. There were also some new operators, and some establishments which had not been covered in the previous systematic assessment were included this time around.

3.3 Detailed results from the assessments

A systematic assessment was carried out on total of 168 establishments³. This section presents results from these establishments.

The analysis considers each section of the assessment separately, and compares results to those found in 2013.

3.3.1 Overview

Summary data on the establishments covered in the spreadsheets is presented in the table below.

Characteristic	2014	2013
Establishments for which information reported on spreadsheet	168	151
Establishments assessed	133	123
Establishments not assessed	35	28

² This figure includes establishments with sunbeds which were reported as not being used, but for which there were no plans to remove them.

³ The PHU which did not use the spreadsheet reported on 20 establishments, of which 13 operated sunbeds and 12 were visited. These establishments are not included in the following analysis.

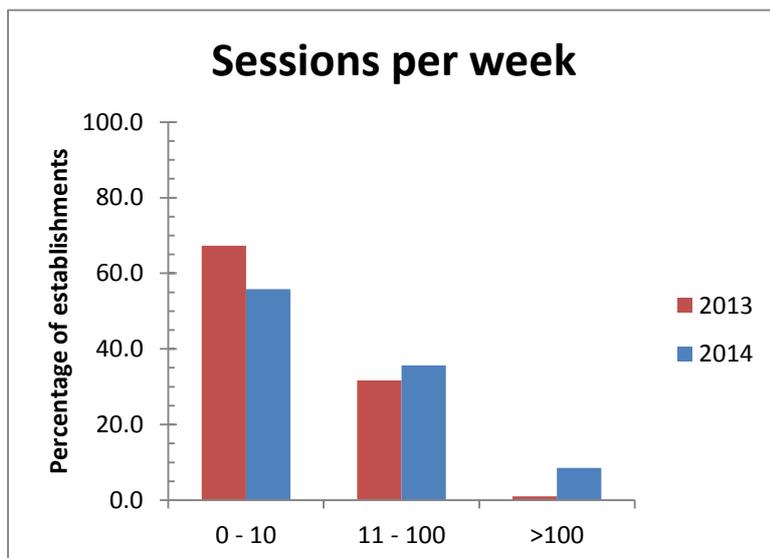
There were several reasons given for why 35 of the establishments could not be assessed, and these are shown in the histogram below.



(As the reporting criteria were changed slightly from 2013, the 2013 data are not presented.)

Most establishments only had one sunbed, but some had up to 9. Over all the establishments for which this data was available, the average number of beds per establishment was 1.6, the same as in 2013.

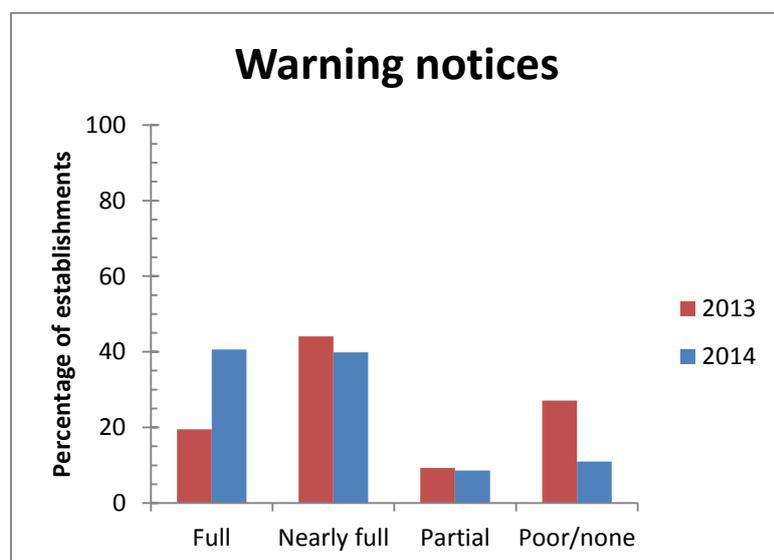
There was also a wide range of use reported, ranging from zero to 550 sessions per week. High usage appeared to be concentrated in some of the large establishments in Auckland, although high use was also reported in a few establishments elsewhere. These figures are estimates from the operators, so may not be completely reliable but should be sufficiently good for comparative purposes.



The average number of sessions per week reported increased from 18 to 31.

3.3.2 Warning notices

Data on compliance with the requirements in the Standard on warning notices is shown in the histogram below.



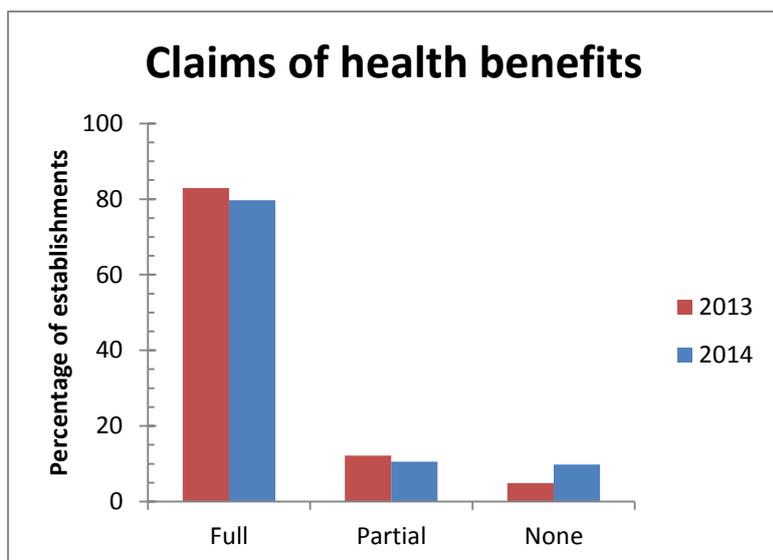
The meanings of the categories are as follows:

Category	Meaning
Full	Warning notices at reception and in each cubicle, and displayed all required information.
Nearly full	Notices contained all the required information but were displayed only at reception, or by the tanning bed, but not both.
Partial	Notices were displayed in one or both of the required places, but that some of the required information was missing.
Poor/none	Either no warning notices, or the notices were missing most of the required information.

Overall there has been an improvement since 2013, with 81% of establishments having at least one notice displaying all the required information, against 63% in 2013.

3.3.3 Claim of health benefits

Data on compliance with the requirements in the Standard on claims of health benefits is shown in the histogram below.



The meanings of the categories are as follows:

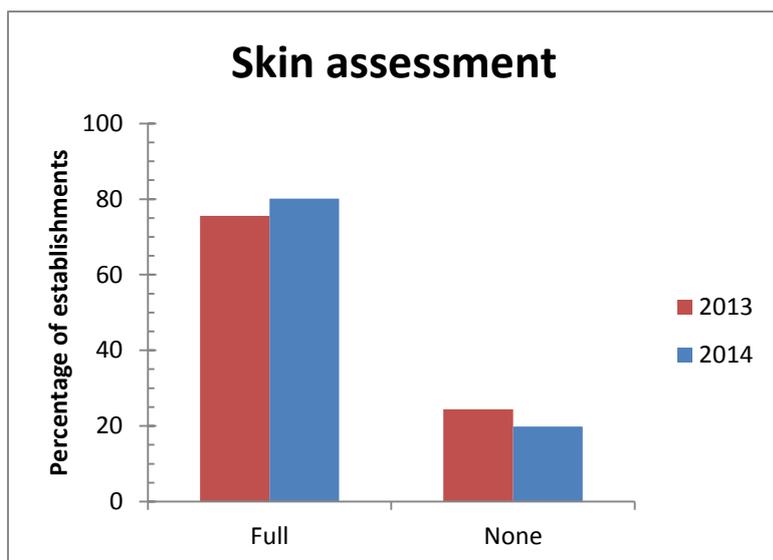
Category	Meaning
Full	No claims of health benefits visible, and no claims that using a sunbed was risk free.
Partial	There were either visible claims of health benefits from using a sunbed, or claims that using a sunbed was risk free.
None	There were both claims that sunbeds gave health benefits, and claims that using them was risk free.

There has been a small decrease in compliance since 2013. In Auckland it was noted that claims of benefits were usually related to Vitamin D, and that some signage indirectly implied that sunbed use was risk free (for example, saying that “using moisturiser after your sunbed session will prevent your skin aging”). The Commerce Commission has already put operators on notice that they should not make false or misleading claims about health risks or benefits of sunbeds⁴, and it appears that a reminder is needed.

3.3.4 Skin assessment

Data on evidence that establishments assessed skin types before allowing people to use a sunbed is shown in the histogram below.

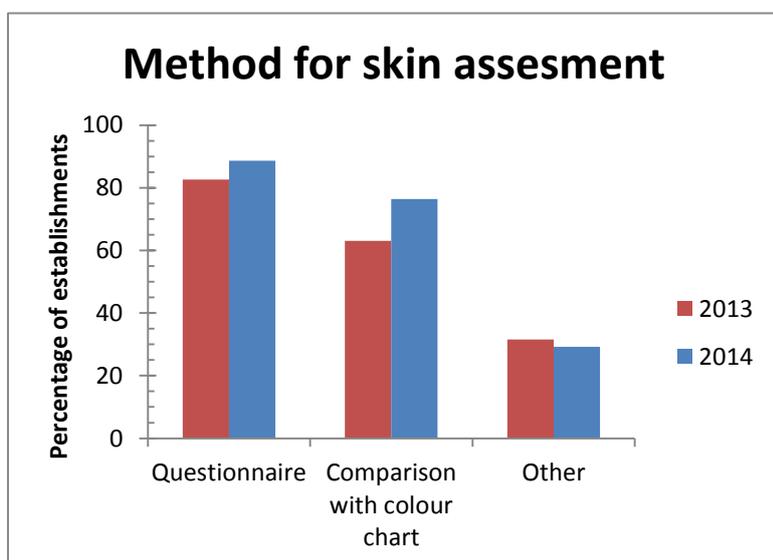
⁴ <http://www.comcom.govt.nz/the-commission/media-centre/media-releases/detail/2011/commerce-commission-cautions-sunbed-industry-over-claims>



The meanings of the categories are as follows:

Category	Meaning
Full	There was evidence that an establishment made a skin assessment.
None	There was no evidence that an establishment made a skin assessment.

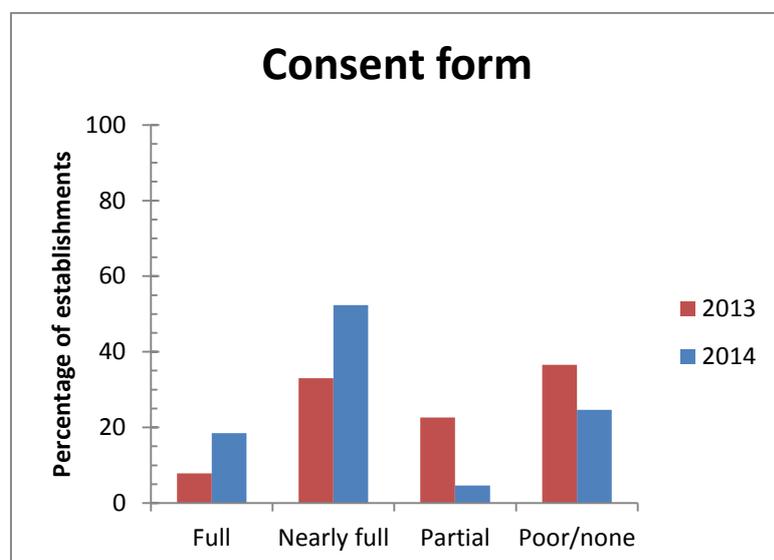
PHUs were asked to try and find out how establishments carried out the skin assessment, either using a detailed questionnaire of the type shown in the *Guidelines for operators of ultraviolet (UV) tanning lamps*, or using a simple skin colour chart, or by some other means. Results are shown in the histogram below.



Some establishments used a combination of methods, which is why the total across all methods adds up to more than 100%. As in 2013, from the comments entered where “other” was checked it appears that there was some overlap between this category and the others.

3.3.5 Consent form

Data on compliance with the requirements in the Standard on use of a consent form is shown in the histogram below.



The meanings of the categories are as follows:

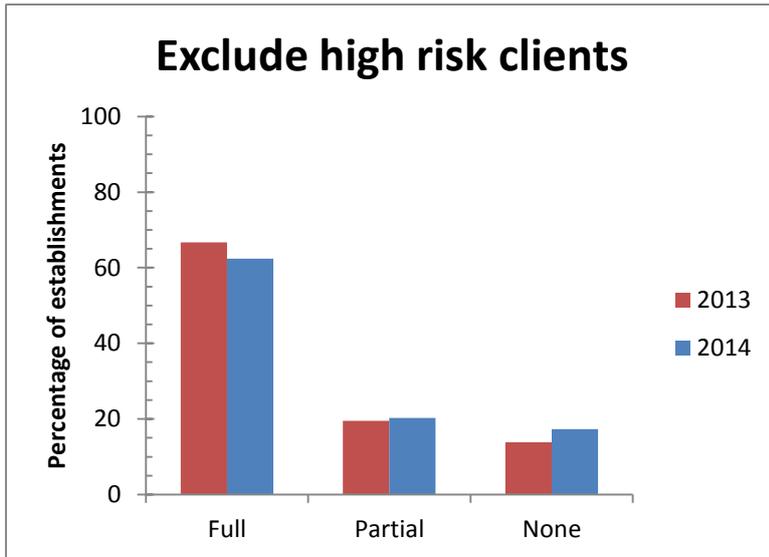
Category	Meaning
Full	Consent form met all the requirements in the Standard, and a copy provided to the client.
Nearly full	Consent form met all the requirements in the Standard, but client not provided with a copy.
Partial	Consent form met most of the requirements in the Standard, copy may or may not be provided to the client.
Poor/none	Either no consent form, or the form did not include most of the required information.

There were several comments along the lines that establishments offered clients a copy of the consent form but that it was not always requested, and there was some inconsistency as to whether this was recorded as a copy being provided to the client or not. In 2014, 70% of establishments used a consent form meeting the requirements of the Standard (whether or not a copy was provided to the client), compared with 41% in 2013.

One PHU reported that two establishments in their area had their own versions of a form, neither of which meets the requirements of the Standard, and both maintain that they will not use the required form unless directed by legislation to do so.

3.3.6 Exclusion of high risk clients

This section of the assessment looked at whether there was evidence that an establishment refused to allow under 18s, and people with skin type I, to use sunbeds. Data is shown in the histogram below.



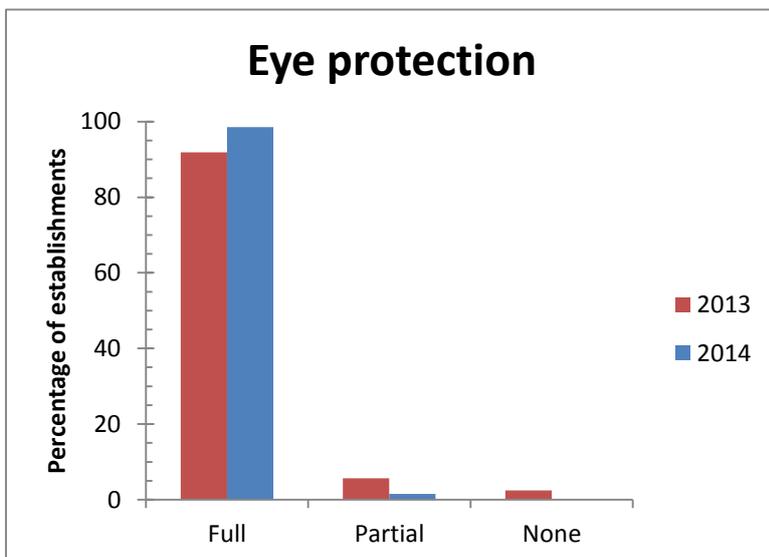
The meanings of the categories are as follows:

Category	Meaning
Full	Both high risk groups excluded
Partial	One or other of the high risk groups allowed to use a sunbed
None	Neither of the high risk groups excluded

As noted in 2013, given the nature of the assessment undertaken, there needs to be reliance that the operators provide truthful replies. Some establishments were reported to allow under 16-18 year olds with parental or medical consent. Others remarked that under 18s prefer to have a spray tan than use a sunbed.

3.3.7 Eye protection

Data on compliance with the requirements in the Standard on eye protection is shown in the histogram below.



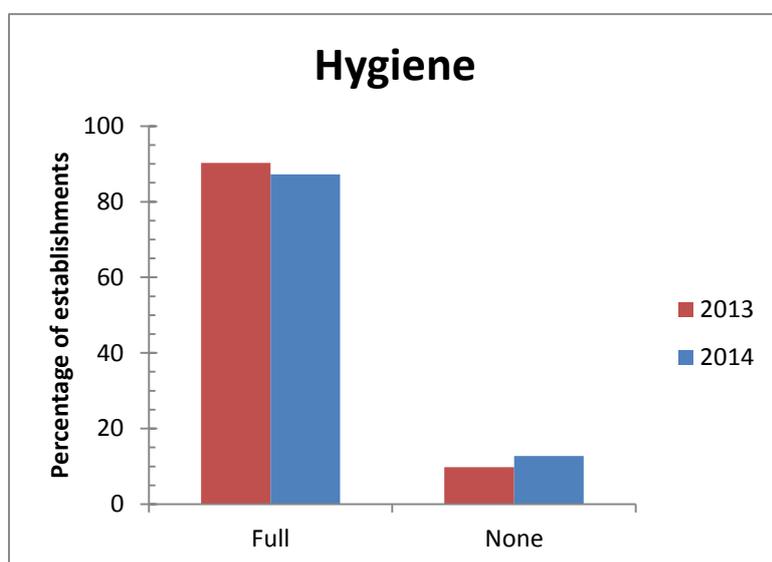
The meanings of the categories are as follows:

Category	Meaning
Full	Evidence that the establishment requires clients to wear eye protection, and that eye protection supplied by the establishment forms a seal around the eye.
Partial	Eye protection required, but does not seal well around the eye.
None	No insistence on eye protection.

There was full compliance from 98% of the establishments assessed.

3.3.8 Hygiene

Data on compliance with the requirements in the Standard on hygiene is shown in the histogram below.



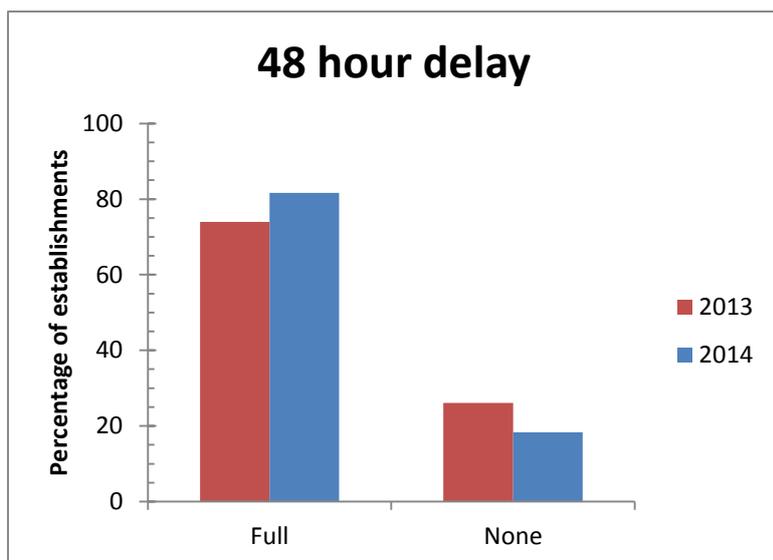
The meanings of the categories are as follows:

Category	Meaning
Full	Evidence that beds and eye protection are sanitised after use
None	No evidence that beds and eye protection are sanitised after use

There was little change between 2013 and 2014.

3.3.9 48 hour delay between sessions

Data on compliance with the requirements in the Standard on there being a minimum 48 hour delay between tanning sessions is shown in the histogram below.



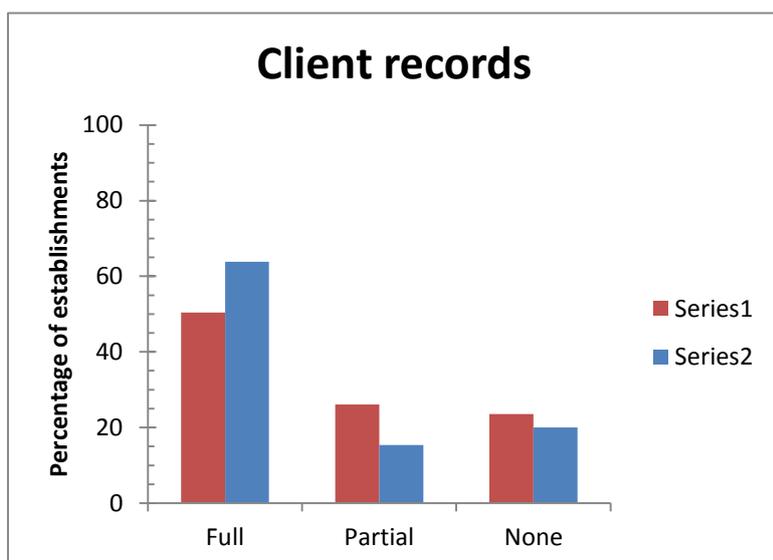
The meanings of the categories are as follows:

Category	Meaning
Full	Evidence that a 48 hour delay between sessions is enforced.
None	No evidence a 48 hour delay between sessions is enforced.

As with the exclusion of high risk clients, the data is dependent on receiving truthful responses from the operator, but there were no indications that misleading replies were being given.

3.3.10 Client records

Data on compliance with the requirements in the Standard on client records is shown in the histogram below.



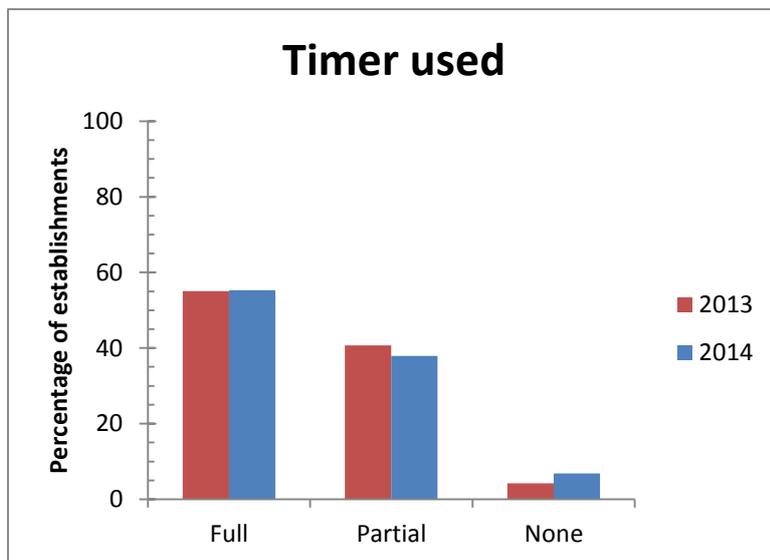
The meanings of the categories are as follows:

Category	Meaning
Full	Copies of client skin assessments, consent forms and records of sessions kept for at least two years
Partial	Only one or two of the required pieces of information is kept for at least two years
None	No records are kept

There was a small improvement over the 2013 results.

3.3.11 Timer

Data on compliance with the requirements in the Standard on the use of a timer to control session exposure times is shown in the histogram below.

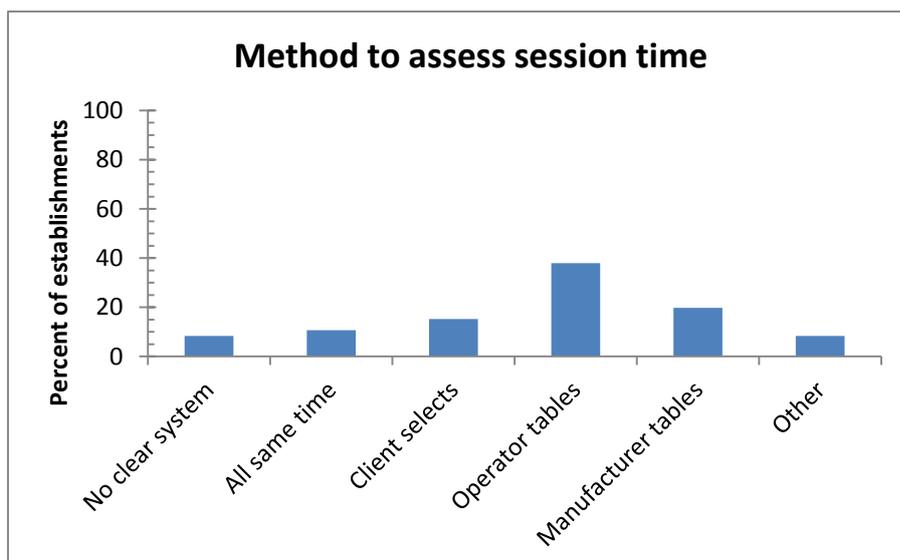


The meanings of the categories are as follows:

Category	Meaning
Full	A timer is used to control sessions, and can only be set by the operator.
Partial	A timer is used to control sessions, but can be set by the client.
None	No timer used

Clearly, a high percentage of establishments allows clients to determine their own session times.

PHU staff were also asked to identify the main method used for determining the session time. (Although a similar question was asked in 2013, the assessor was able to highlight several methods if appropriate, so the answers are not directly comparable.)



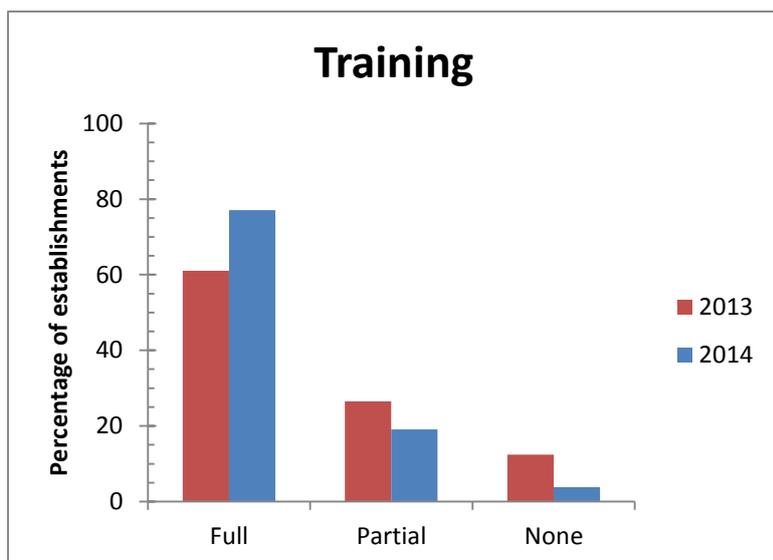
As in 2013, it was noted that several establishments have sunbeds which use tokens to determine the session time. Each token allows the bed to operate for a fixed number of minutes. Clients are usually provided with a number of tokens (one, two or three) depending on their skin type and number of previous sessions. While this method provides a definite control on session times, it is not ideal as it does not provide the degree of control over session times anticipated in the Standard.

One PHU remarked that most operators in their area had purchased their sunbeds second hand and have no documentation which might assist in determining the correct session times. In addition, most have little understanding of the differences between bulbs available, and do not document any maintenance.

3.3.12 Staff training

Data on compliance with the requirements in the Standard on staff training is shown in the histogram below. Aspects considered were:

- Whether staff were trained on excluding high risk clients;
- Whether staff were trained on performing skin type assessments;
- Whether staff were trained on sanitising equipment;
- Whether a trained member of staff was always present when sunbeds were being used.



The meanings of the categories are as follows:

Category	Meaning
Full	Compliance in all four areas
Partial	Compliance in two or three areas
None	Compliance in one or no areas.

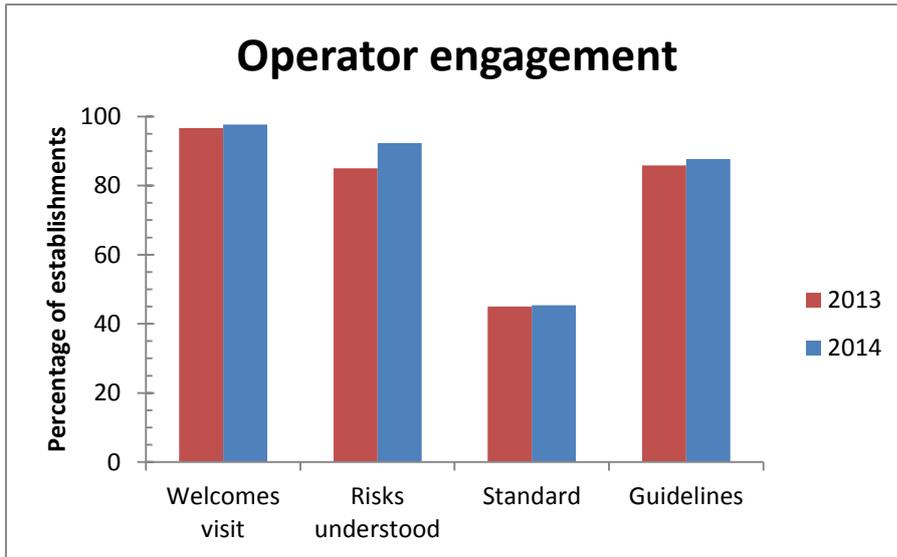
An additional question was asked in 2014 about whether operators maintained records of staff training (which is not specifically required in the Standard). 36% of operators were found to maintain training records.

3.3.13 Operator engagement

The assessment form finished with a few questions to try and gauge operators' interest in this process. PHUs were asked to report on:

- Whether the operator welcomed the visit;
- Whether operators appeared to understand the increased risks if sunbed operations did not follow the recommendations in the Standard;
- Whether operators had a copy of the solarium Standard;
- Whether operators had a copy of the Ministry of Health's *Guidelines for operators of ultraviolet (UV) tanning lamps*.

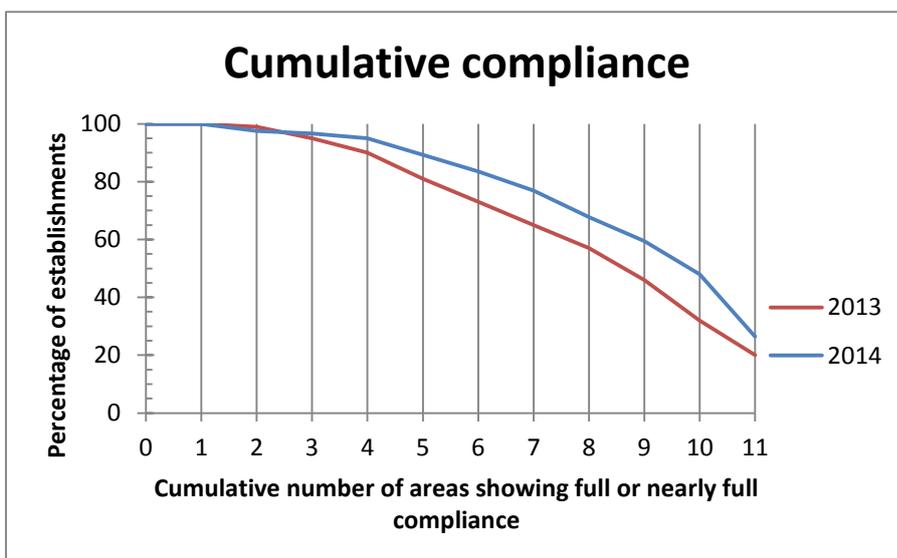
Results are presented in the histogram below.



As in 2013, these results show that a large majority of operators is interested and keen to do a good job. While one PHU reported at one establishment that a “staff member seemed a little surprised that clients could get sunburn from the sunbed”, most operators appear to be aware of the risks involved. Of course, the data are not representative of all operators, as a small percentage (3%) refused the visit, but this would not make a large difference to the results. A few operators commented that they were pleased to see that some regulation was coming in.

3.3.14 Summary of findings

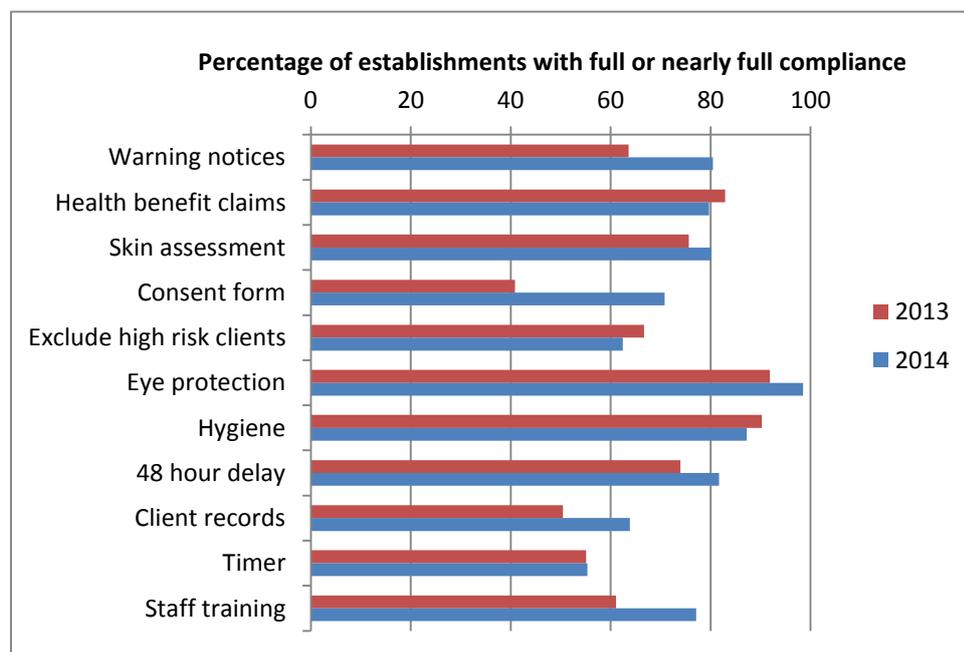
The plot below shows the cumulative percentage of establishments which were found to have full or nearly full compliance with the eleven aspects of operations which were examined. (“Nearly full” compliance means that an establishment fell into the “nearly full” category for warning notices and/or consent forms.)



This plot shows, for example, that in 2014 26% of establishments showed full or nearly full compliance in all eleven areas of operation checked, against 20% in 2013. In 2014, 60% showed full or nearly full compliance in nine or more of the areas of operation checked, against 46% in 2013.

Overall, this shows that there has been an improvement since 2013.

The plot below shows the percentages of establishments having full or nearly full compliance in each of the eleven areas checked in 2013 and 2014.



The biggest improvements occurred in the use of consent forms, display of warning notices and training staff. A few areas – making claims of health benefits, excluding high risk clients and hygiene – showed a small deterioration in performance, however.

Section 3.4 looks in more detail at changes within individual establishments which were checked in both 2013 and 2014.

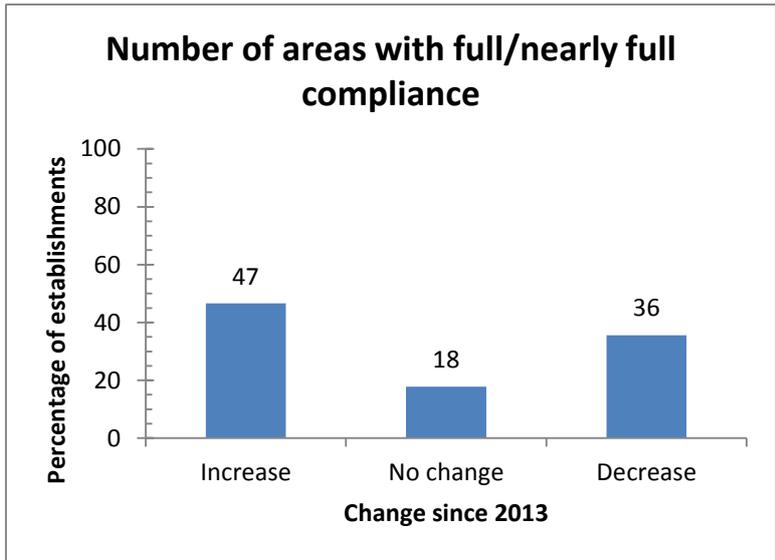
3.4 Changes within individual establishments

The analysis in section 3.3 looked at the results from all establishments assessed in 2013 and 2014 using the standard form. While the majority of establishments was included in both years, in 2013 fewer establishments were assessed fully using the standardised form (some sections were not completed), and in 2014 there were some new establishments not visited in 2013. It is of interest, therefore, to see what changes there have been in individual establishments between 2013 and 2014.

This section examines the results for individual establishments which were assessed in both 2013 and 2014, to try and determine what effects the PHU visits have had.

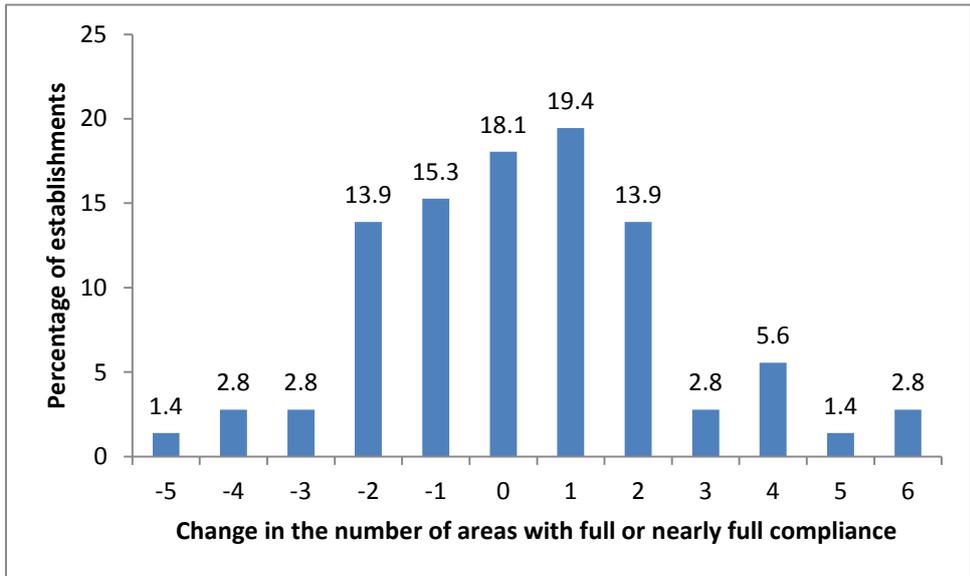
3.4.1 Overall results

73 establishments were assessed in all 11 areas in both 2013 and 2014. The first graph below shows the percentage of establishments showing an increase in the number of areas with full or nearly full compliance in 2014, a decrease, or no change.



This shows that 47% of these establishments complied in more areas in 2014 than in 2013 and 18% showed no change, but that 36% complied in fewer areas than in 2013.

Looking at the data in more detail, this second graph shows the change in the number of areas showing compliance between 2013 and 2014.



This shows that, for example, 2.8% of establishments (2 altogether) showed full/nearly full compliance in 6 more areas in 2014 compared with 2013, and 19.4% (14 establishments) complied in one more area than in 2013. On the other hand, 1.4% (1 establishment) complied in 5 fewer areas in 2014 compared with 2013.

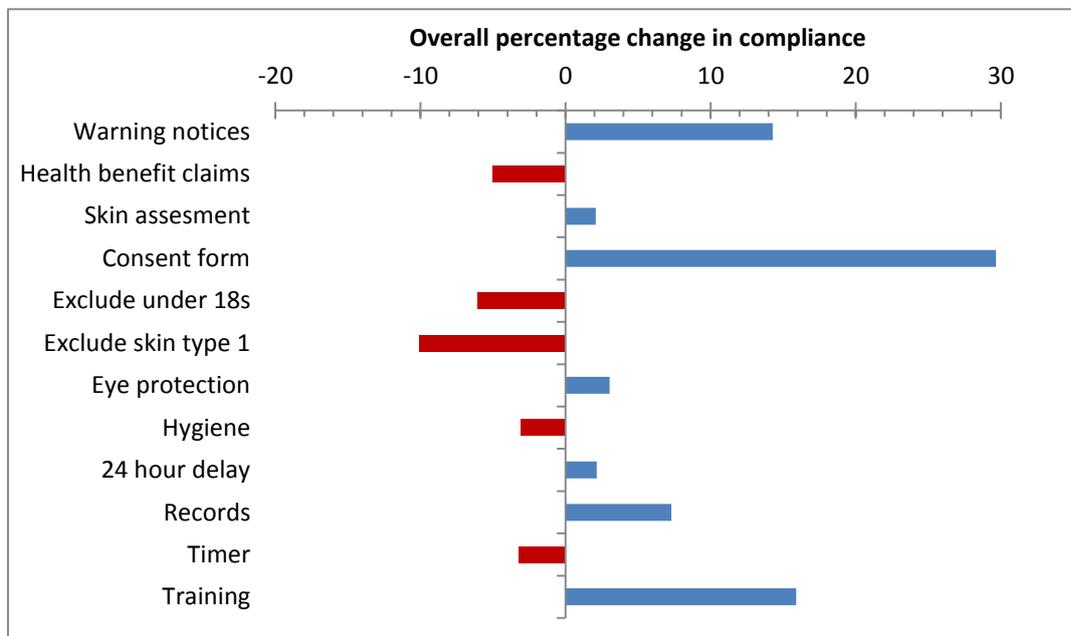
Over all the establishments, there was an average increase of 0.32 in the number of areas showing full or nearly full compliance. While this shows an overall improvement, it is perhaps surprising that there is such a large spread in the results across the establishments, and that some have slipped back by so much. These results could either truly show that the visits have resulted in only small improvements overall, or that there is a large spread in the way different assessors approach the task.

3.4.2 Changes in each area

In order to determine which areas show improved or decreased compliance, the change in each of the 11 areas assessed has been examined in more detail. The “Exclusion of high risk clients” area has been further examined to see changes in the exclusion of under-18s and people with skin type I.

An “overall percentage change in compliance” has been determined for each area by calculating, for each area, the percentages of establishments showing increased compliance (for example, moving from partial or no compliance to full/nearly full compliance), decreased compliance (such as moving from full/nearly full to partial compliance) and no change. The overall percentage change is calculated as the difference between the percentage of establishments showing increased compliance and the percentage showing decreased compliance. For example, in the training area, 23% of establishments improved their performance, 7% got worse, and the rest (70%) showed no change, giving a net improvement of 16%.

The results are shown below.



The large improvements in the use of warning notices, consent forms and training noted in section 3.3 were also found here on an individual establishment basis. The decrease in compliance with the requirements for excluding high risk groups, however, is possibly worse amongst this group of operators which are known to have been visited on both occasions. In view of the emphasis that has been placed on ensuring that operators are aware of the forthcoming ban on under-18s, this finding is both surprising and disappointing.

3.5 Other points of interest

As has been found in all previous surveys, several establishments mentioned that some medical practitioners refer patients to solarium for help to alleviate skin conditions. (One of these also said that people referred for skin conditions received short times on the bed.) Two operators (both in the same area) said that specialists had referred clients to them to increase their vitamin D levels to help alleviate skin conditions.

Also in common with previous surveys, several operators said that they would probably cease offering sunbed services, often because they found it uneconomic. (A few said that because of the closures, they were now getting more business.) Others find the Standard too complex and difficult to comply with.

Several operators who had been visited during the most recent Consumer survey were unhappy at the poor assessment they were given then, while others felt that the Consumer visits had been of benefit to them. PHU staff considered that the Consumer “Mystery Shopper” visits were a valuable addition to their own visits, providing an independent check.

Some establishments had changed owner since 2013, and said that the previous owner had left no documentation about the sunbed operation.

4 Discussion

4.1 Comparison with previous assessments

Overall there has been a small improvement since the first standardised assessment in 2013, especially in the use of consent forms, display of warning notices and staff training. However, set against this there are small deteriorations in some areas, notably in the exclusion of high risk clients. In view of the emphasis that has been placed on ensuring that operators are aware of the forthcoming ban on under-18s, the decreased compliance with this requirement is both surprising and disappointing.

There may be several reasons for the improvements noted, but it would be reasonable to conclude that making resources available to operators (examples of warning notices and consent forms) has contributed. There are still some operators who say that they will not change their practices unless obliged to do so by legislation.

In Auckland it was noted that

“the premises where solarium is their main business were generally more compliant with the voluntary standards, whereas those premises who had a sunbed as a side business, particularly gyms, and hair dressers tended to be the least compliant.”

The specialist premises were also noted to be more eager to comply with the Standard, whereas operators for whom sunbeds were a side-business were not particularly interested in the visit. It will be interesting to see how these patterns develop now that compliance with the Standard has been mandated under the Auckland Health and Hygiene bylaw.

Other PHUs also noted that larger operators usually (but by no means always) had better compliance.

4.2 Recommendations

It is recommended that in the next six-monthly visits, PHUs do not repeat the detailed assessment, but instead concentrate on:

- Ensuring that operators are aware of the forthcoming amendment to the Health Act affecting commercial sunbed operations, what they need to do to comply (for example,

acceptable forms of ID to verify someone's age), and the likely penalties for non-compliance. A simple handout which can be left with operators should be developed.

- Continuing to ensure that operators (especially new ones) have the materials and information they need to assist with compliance with the Standard.
- Making operators aware of the Commerce Commission 2011 finding with regard to claims of health risks and benefits by sunbed operators.

It is still a concern that medical practitioners are referring patients to commercial solariums, which have no measure of the UV dose or spectrum to which people are exposed while on the bed. This should again be taken up with dermatologists and GPs.

Appendix A Assessment form

PHU: _____ Assessor: _____ Date: _____

1 Establishment information	
Name of premises	
Address	
Phone	
Manager/owner	
Email	
No. of beds	
Approximate number of sessions/week	
Comments:	

2 Warning notices	Yes	No
A4 size warning notices at reception?		
A4 size warning notices in each cubicle?		
<i>Sign content:</i>		
• UV from a sunbed contributes to skin aging and skin cancer		
• Clients under 18 not accepted		
• Fair skinned clients who burn easily not accepted		
• Eye protection obligatory		
• Avoid intentional UV exposure for 48 hours after session		
Comments:		

3 Claims of benefits	Yes	No
No visible claims of benefits (<i>answer Yes if no visible claims</i>)		
No visible claim that sunbed use is risk free (<i>answer Yes if no visible claims</i>)		
Comments:		

4 Skin type assessment	Yes	No
Evidence that skin type assessment undertaken		
<i>For information: How is the skin type assessment done</i>		
• Detailed questionnaire?		
• Comparison with skin colour chart?		
• Other (please describe), plus any comments		

5 Consent form	Yes	No
Evidence that consent form used		
Copy provided to client		
<i>Consent form content:</i>		
• UV from a sunbed contributes to skin aging and skin cancer		
• Avoid intentional UV exposure for 48 hours after session		
• Eye protection obligatory		
• Fair skinned clients who burn easily not accepted		
• Clients under 18 not accepted		
• Recommendations against tanning (moles, skin cancer history, easily burn etc)		
• Warnings about medication, pregnancy, cosmetics		
Comments:		

6 Exclusion of high risk clients	Yes	No
Evidence that under 18s excluded		
Evidence that clients with skin type 1 excluded		
Comments:		

7 Eye protection	Yes	No
Evidence that eye protection required (supplied by solarium or client)		
Eye protection seals around eyes		
Comments:		

8	Hygiene	Yes	No
Evidence that beds and eye protection sanitised after use			
Comments:			

9	48 hour delay between sessions	Yes	No
Evidence that 48 hour interval between sessions enforced			
Comments:			

10	Client records	Yes	No
Client records kept for two years			
<i>Records content:</i>			
• Consent form			
• Skin type assessment			
• Visits/session durations			
Comments:			

11	Timer	Yes	No
Evidence that timer used to control sessions			
Only operator can set timer			
<i>For information: How are session times determined – select ONE only from:</i>			
• <i>No clear system</i>			
• <i>All clients given the same time</i>			
• <i>Time selected by client</i>			
• <i>Operator’s tables based on skin type, previous sessions?</i>			
• <i>Manufacturer/supplier tables based on skin type, previous sessions?</i>			
• <i>Other (please describe)?</i>			
Comments:			

12 Training	Yes	No
Staff trained on excluding high risk clients		
Staff trained to perform skin type assessment		
Staff trained on sanitising equipment		
Trained staff member always present when sunbeds used		
Training records kept?		
Comments:		

13 Operator interest/engagement (for information)	Yes	No
<i>Operator welcomes visit</i>		
<i>Operator understands health risks</i>		
<i>Operator has a copy of the Standard</i>		
<i>Operator has a copy of the Ministry Guidelines to compliance with the Standard</i>		
<i>Other comments (about anything):</i>		

Materials provided	Yes
Consent form	
Warning sign	
Skin assessment form (questionnaire type)	
Skin assessment chart (pictorial)	
Copy of Ministry Guidelines for compliance with the Standard	
Cancer society information sheet <i>Sunbeds, solaria and sunlamps</i>	
Press release announcing regulation of sunbeds	
Information on sunbed use during pregnancy	
Other:	

Contact log		
<i>Date/time</i>	<i>By</i>	<i>Comments</i>