

Visits to commercial solariums by DHB Public Health Units between 1 February and 31 July 2015: summary of findings

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1 Executive summary

Staff from Public Health Units (PHUs) made a sixth round of visits to commercial solariums in their regions in the first half of 2015. These visits were initiated in 2012 to ensure that solarium operators are 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 *Solariums 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 and 2014, so the effectiveness of the visits in improving compliance with the recommendations in the Standard can be gauged by comparing results between the three sets of visits.

123 establishments are believed to have sunbeds (there is always some uncertainty over this figure due to difficulties contacting some operators), which is a considerable decrease from the 162 reported to have sunbeds in 2014. The decrease in Auckland was slightly higher, from 41 to 28 establishments.

97 establishments were assessed using the standardised assessment form. Overall there was slightly greater compliance with the Standard than in 2014. This was driven by far greater compliance in Auckland: in the rest of New Zealand, there was a small deterioration. A higher level of compliance in Auckland compared to the rest of the country was also found in a Consumer New Zealand “mystery shopper” survey published in April 2015¹. The most likely explanation for the good results in Auckland is that the Council’s Health and Hygiene bylaw came into effect on 1 July 2014. This bylaw sets requirements for mandatory registration of premises providing commercial sunbed services, and compliance with standards.

While some areas of operation, such as the use of consent forms, display of warning notices, staff training and maintenance of client records, have shown a marked improvement since the first systematic assessment in 2013, in other areas (use of a timer and exclusion of high risk clients), compliance continues to be mediocre and shows little improvement. Having said that, 85% of operators refused sunbed services to under-18s, which is an improvement over 2014.

The findings suggest that if further significant improvements in compliance are to be made, this will only come about through regulatory actions.

The amendment to the Health Act banning the provision of sunbed services to under 18s is now awaiting its second reading. It is recommended that the next six-monthly visits should focus on making operators aware of these developments and the consequences for their operating practices. Several operators, especially in the Wellington area, continue to display posters promoting the use of sunbeds to boost Vitamin D levels, and should again be reminded of the Commerce Commission’s 2011 finding on such practices.

¹ <https://www.consumer.org.nz/articles/sunbeds>

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 most Australian States 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 *Solarium 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 six rounds of visits have been carried out (including the visits reported here). In order 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 first half of 2014 and in the visits reported here.

As well as undertaking the systematic assessment, PHUs were also asked to ensure 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. This was also the focus of the visits in the second half of 2014.

Reports on the previous visits are available from the Ministry of Health, and the reports from visits in which the standardised assessment was undertaken can also be downloaded².

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.

² Available at: <http://www.emfservices.co.nz/resources/uv-and-sunbeds>

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*.

In Auckland the assessments were made by Council Environmental Health Officers as part of their work enforcing the Auckland Health and Hygiene bylaw.

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	0
Spreadsheet and summary report	8

3.2 Countrywide statistics

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

Characteristic	2015	2014	2013
Establishments with sunbeds ³	123	162	173
Establishments with sunbeds visited	101 ⁴	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. Some encountered difficulties determining whether operators were still providing commercial sunbed services or not.

³ This figure includes establishments with sunbeds which were reported as not being used, but for which there were no plans to remove them.

⁴ Some establishments were visited, but no assessment, or a very incomplete assessment, carried out.

3.3 Detailed results from the assessments

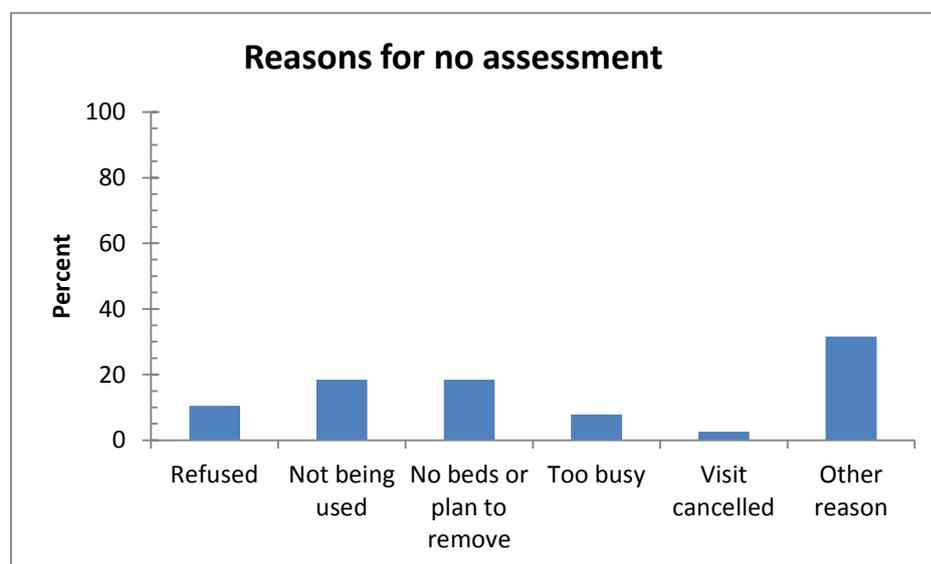
A systematic assessment was carried out on total of 97 establishments. This section presents results from these establishments. The analysis considers each section of the assessment separately, and compares results to those found in 2013 and 2014.

3.3.1 Overview

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

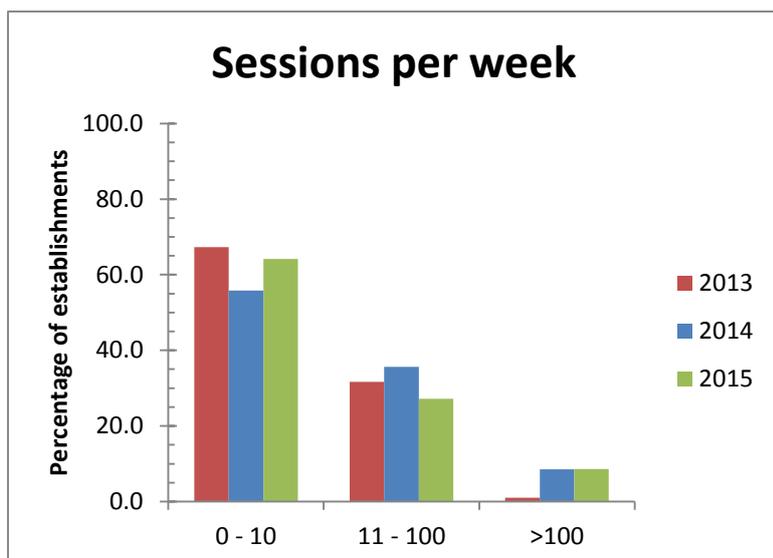
Characteristic	2015	2014	2013
Establishments for which information reported on spreadsheet	135	168	151
Establishments assessed	97	133	123
Establishments not assessed	38	35	28

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



75% of establishments only had one sunbed, but some had up to 6. 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 and 2014.

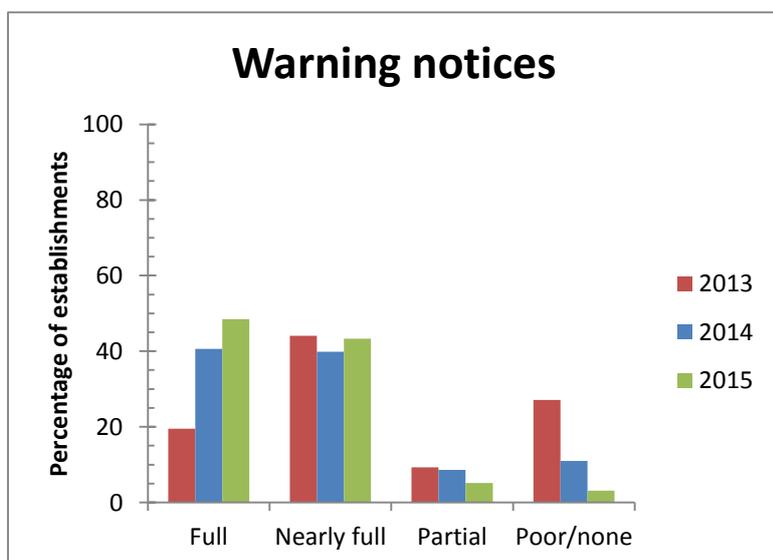
There was also a wide range of use reported, ranging from zero to 500 sessions per week. Unfortunately, no data on usage was available from Auckland, so it was not possible to determine whether the closure of many establishments resulted in higher patronage of the remaining operators. These figures are 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 31 in 2014 to 36. Some operators mentioned that they had picked up business when other operators nearby stopped offering sunbed services.

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:

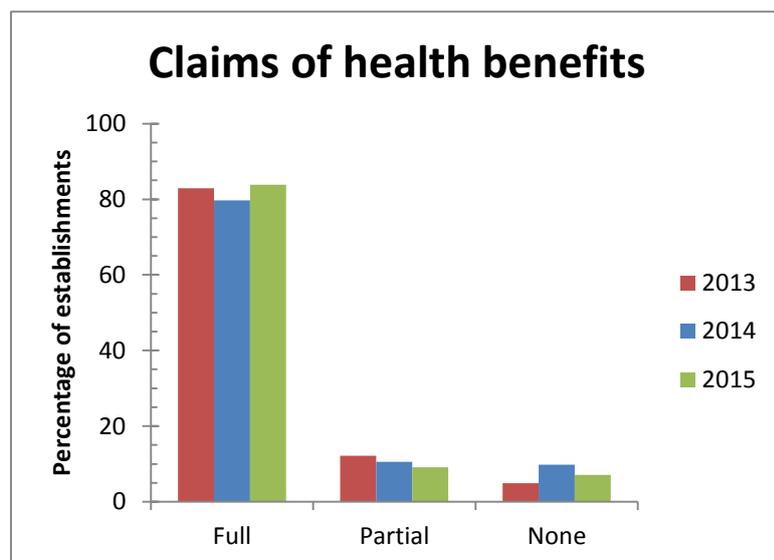
Category	Meaning
Full	Warning notices at reception and in each cubicle, and displayed all required information.
Nearly full	Notices contained all the required information but were displayed only at reception, or by the tanning bed, but not both.
Partial	Notices were displayed in one or both of the required 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.
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Overall there was further improvement, with 91% 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 is 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.

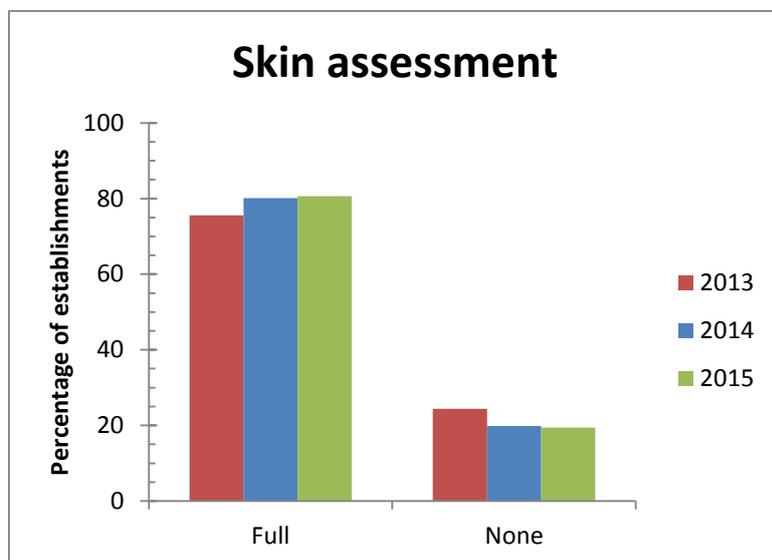
The Wellington region in particular noted that a number of establishments were displaying posters promoting the use of sunbeds to boost Vitamin D levels⁵. These posters were also found during mystery shopper visits reported by Consumer NZ in April 2015. The Commerce Commission has already put operators on notice that they should not make false or misleading claims about health risks or benefits of sunbeds⁶, and Consumer NZ has laid a complaint about the operators found to be displaying these posters.

⁵ The *Consensus statement on vitamin D and sun exposure in New Zealand* published by the Ministry of Health and the Cancer Society in 2012 does not support the use of sunbeds for boosting Vitamin D.

⁶ <http://www.comcom.govt.nz/the-commission/media-centre/media-releases/detail/2011/commerce-commission-cautions-sunbed-industry-over-claims>

3.3.4 Skin assessment

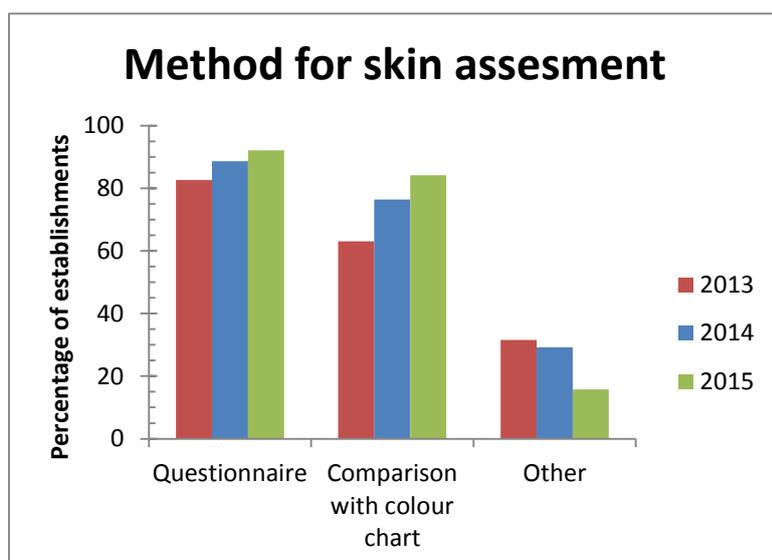
Data on evidence that establishments assessed skin types before allowing people to use a sunbed is shown below.



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.

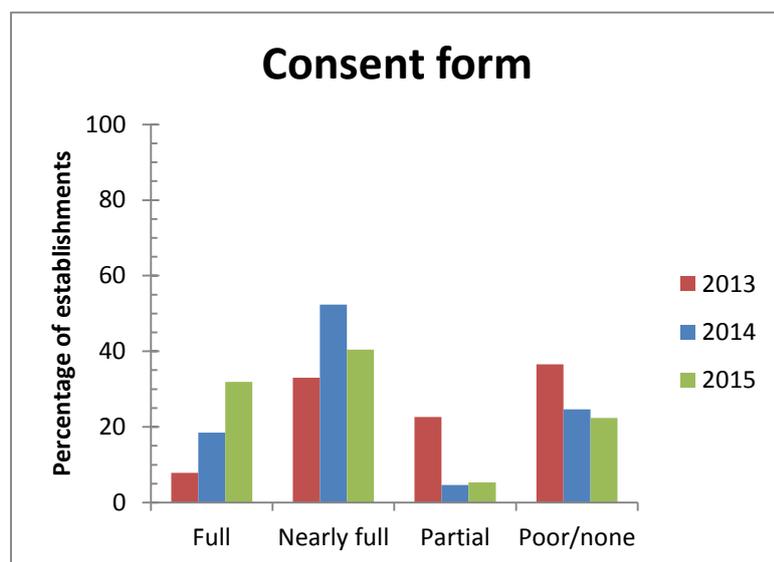
PHUs were asked to try and find out how establishments carried out the skin assessment, either using a detailed questionnaire of the type shown in the *Guidelines for operators of ultraviolet (UV) tanning lamps*, or using a simple skin colour chart, or by some other means. Results are shown in the histogram 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 and 2014, 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.



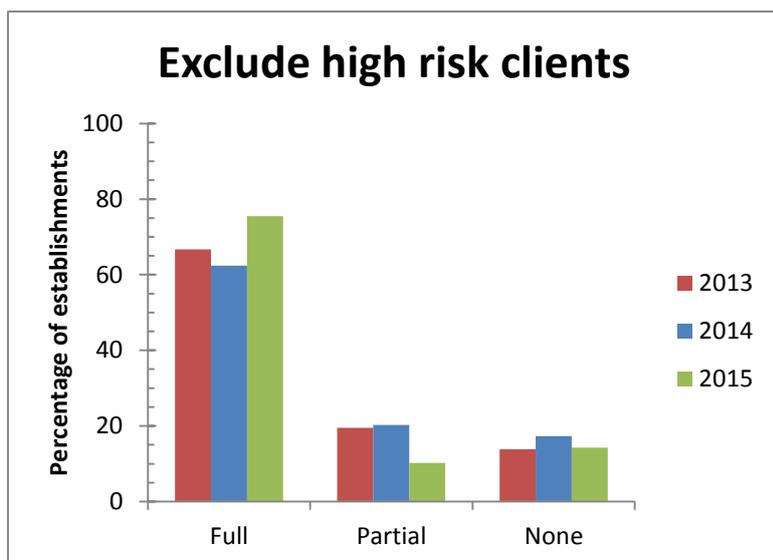
The meanings of the categories are as follows:

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 was a very small increase in the number of establishments using a consent form meeting the requirements of the Standard (whether or not a copy was provided to the client) compared with 2014.

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.



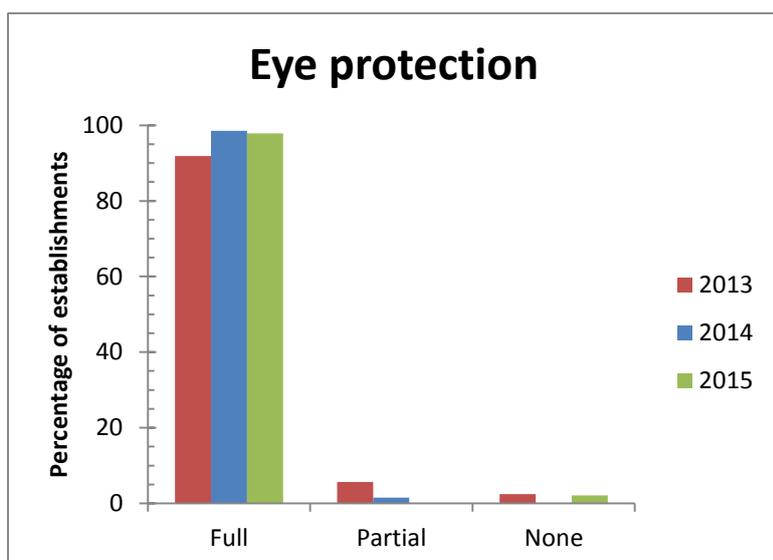
The meanings of the categories are as follows:

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

One PHU reported that 55% of the operators in their area allowed people with skin type I to use a sunbed, as they thought people should be allowed to make their own choices. 85% refused sunbed services to under-18s, which is an improvement over 2014.

3.3.7 Eye protection

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



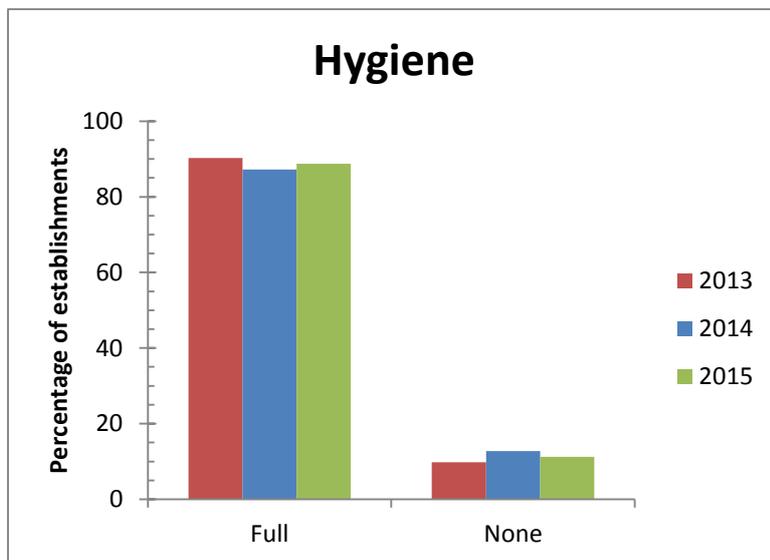
The meanings of the categories are as follows:

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.

Compliance was virtually unchanged from previous years.

3.3.8 Hygiene

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



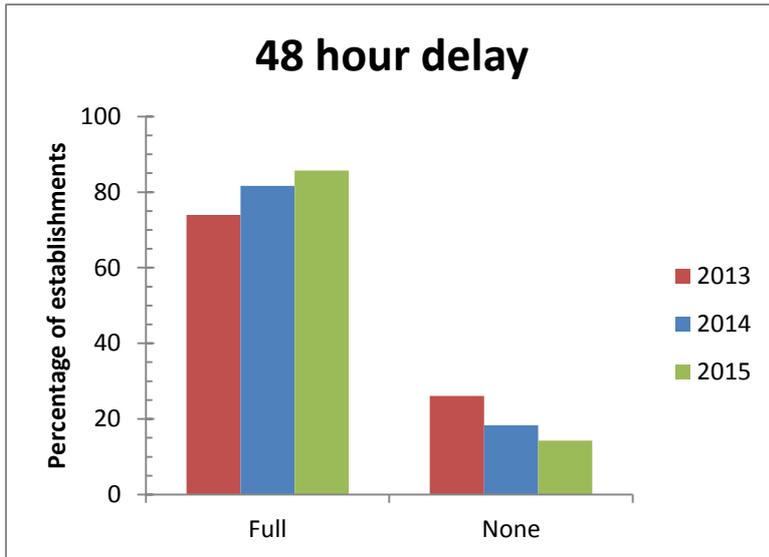
The meanings of the categories are as follows:

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 has been little change over the time that these surveys have been undertaken.

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.



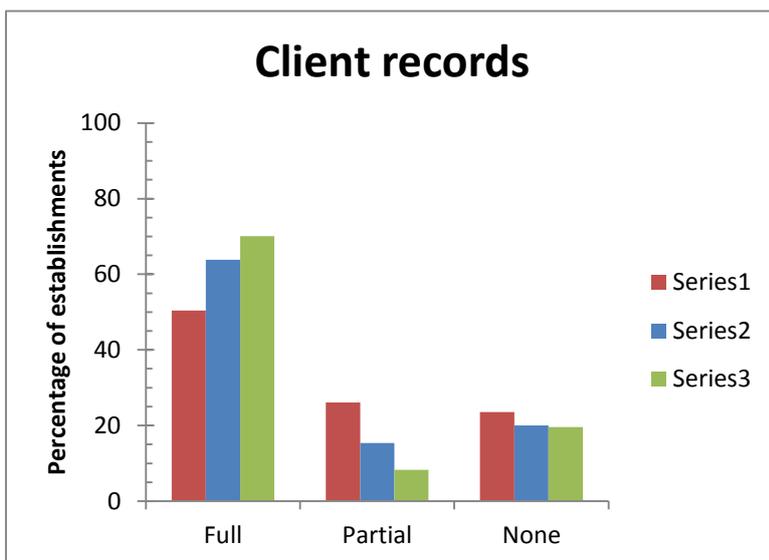
The meanings of the categories are as follows:

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.



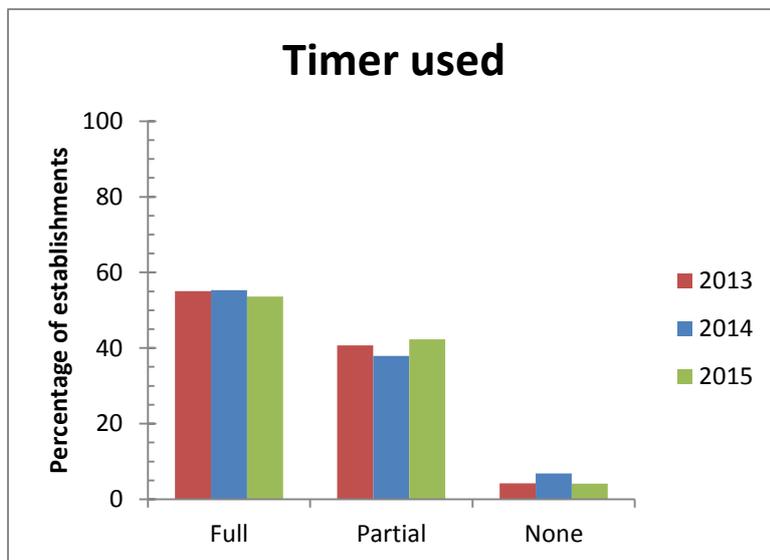
The meanings of the categories are as follows:

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 has been a general improvement since 2013.

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.

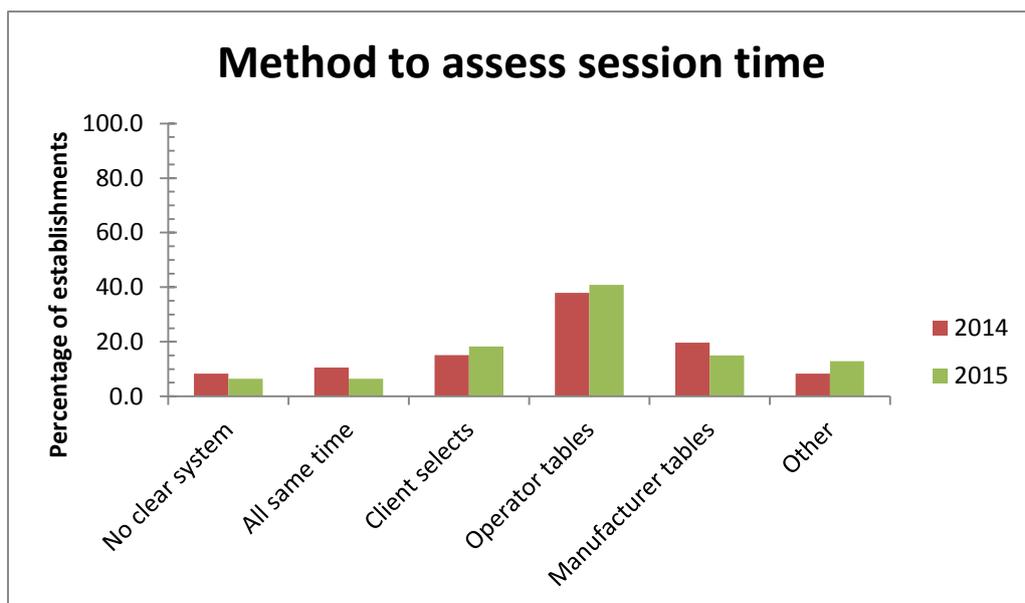


The meanings of the categories are as follows:

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

A high percentage of establishments still 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.)

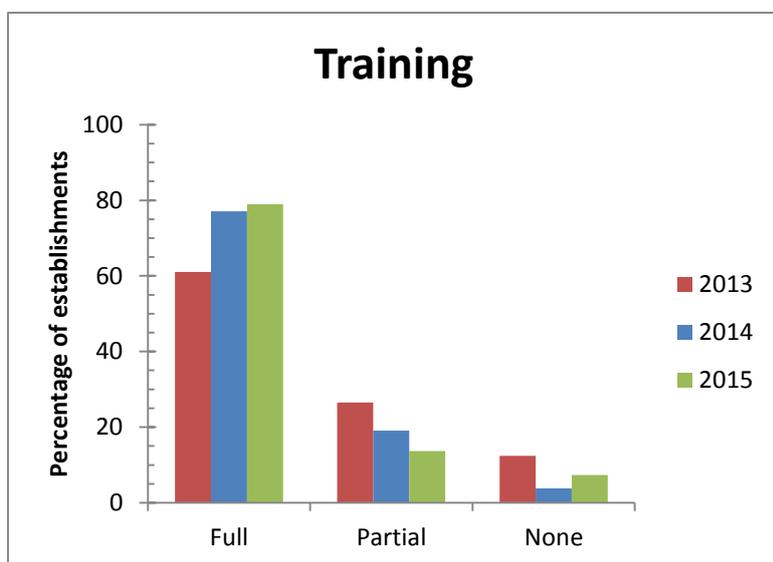


These results were virtually unchanged since 2014.

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

Category	Meaning
None	Compliance in one or no areas.

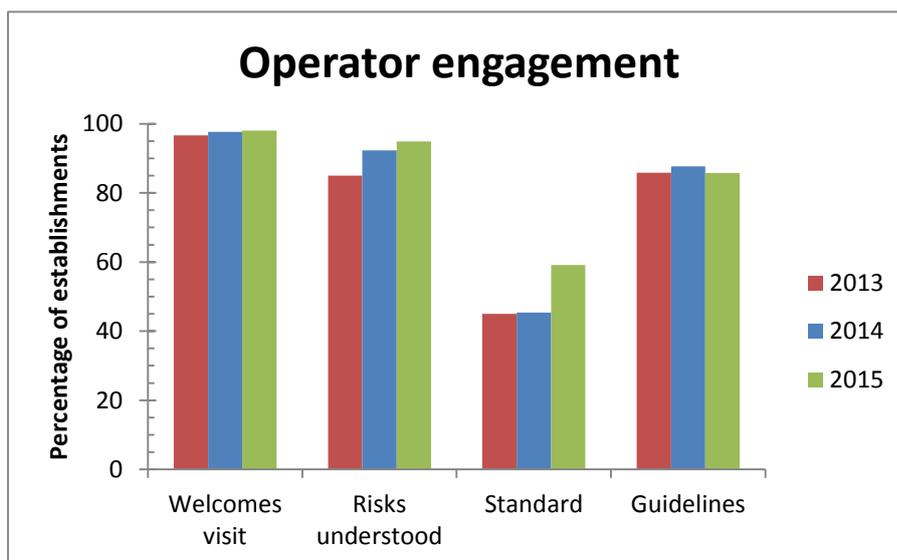
The Standard does not require that operators maintain records of staff training, but PHUs were asked to find out whether this is done. 31% of operators did so, compared with 36% in 2014.

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*.

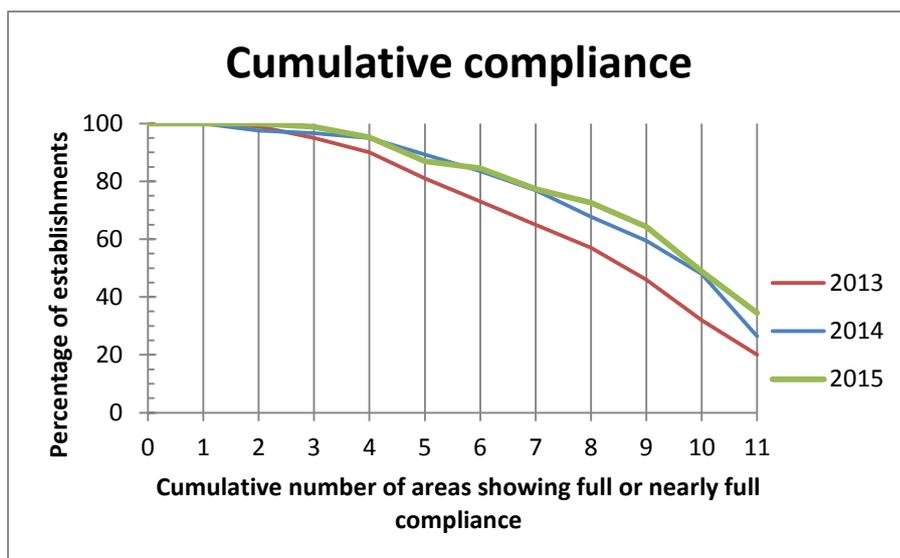
Results are presented in the histogram below.



As in 2013, these results show that a large majority of operators (at least, the operators who agreed to a visit) is interested and keen to do a good job.

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 35% of establishments in 2015 showed full or nearly full compliance in all eleven areas of operation assessed, compared with 26% in 2014 and 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.

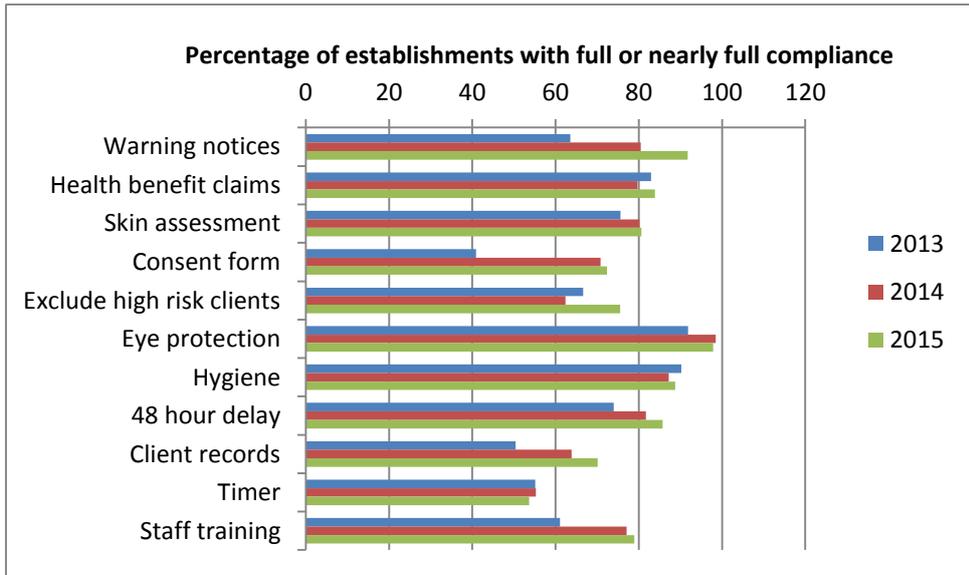
The average percentage⁷ can be used as a “figure of merit” – a single number to allow a very simple comparison of overall performance from one year to the next. The figures of merit for 2013, 2014 and 2015 are:

Year	2013	2014	2015
Figure of merit	71.5	78.4	80.3

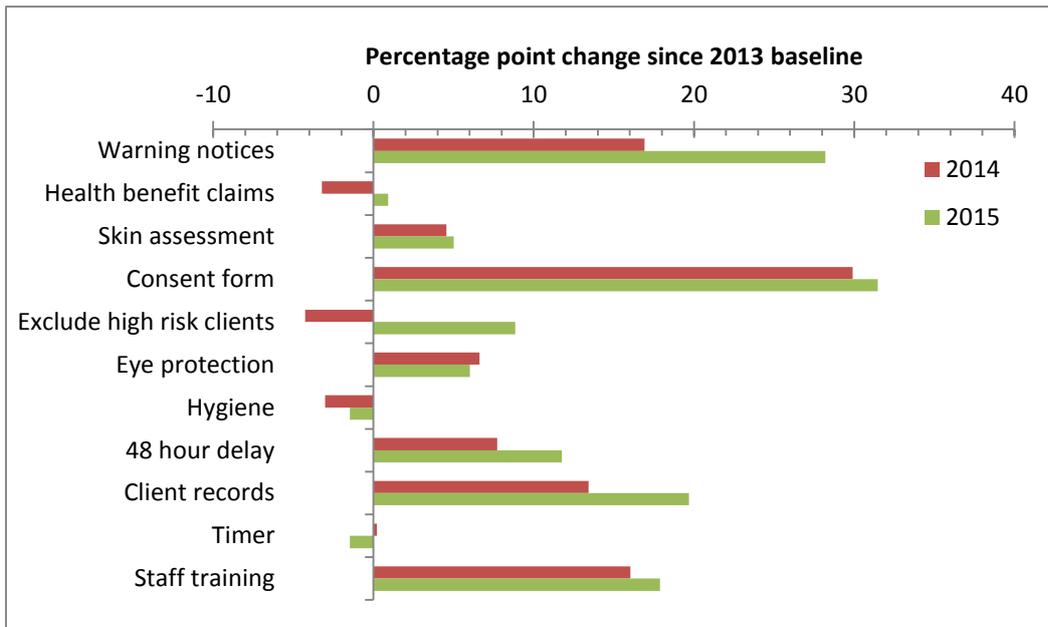
Overall, this shows that there has been another small improvement in the past year.

The plot below shows the percentages of establishments having full or nearly full compliance in each of the eleven areas checked in 2013, 2014 and 2015.

⁷ Effectively this is the average height of the compliance curve. If every operator checked complied fully in all 11 areas assessed, the value would be 100.



Using 2013 as a baseline, changes since then are presented below. The plot shows the difference between the percentage compliance in 2014 and 2015 compared with 2013.



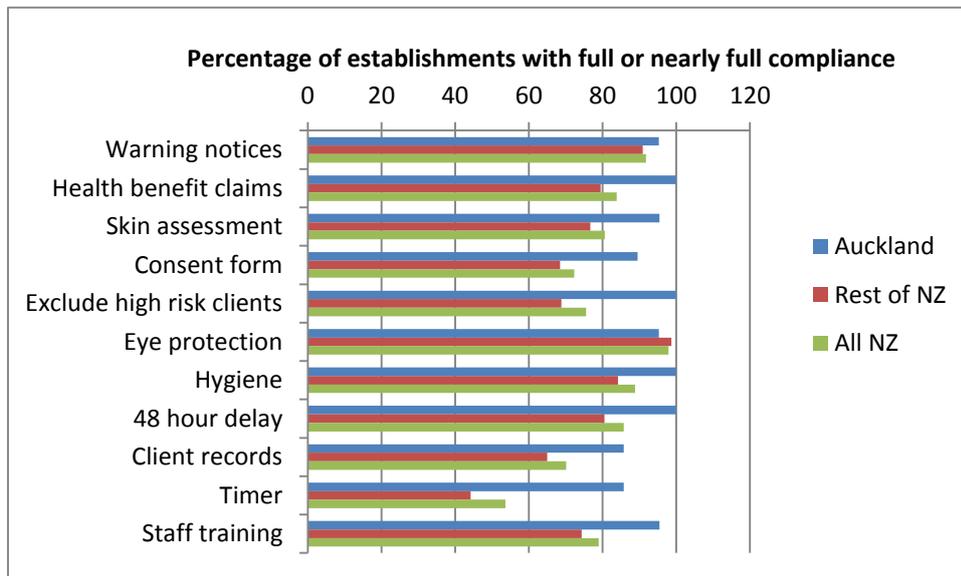
The biggest improvements have been in the display of warning notices, the use of consent forms, maintaining client records and staff training. While some areas appear to show little improvement (for example hygiene, and making claims of health benefits from using a sunbed), these already had a high level of compliance in 2013, leaving less opportunity for improvement. On the other hand, the exclusion of high risk clients, and the correct use of the timer had mediocre compliance in 2013 and there has been little improvement since then (in fact timer use appears to have deteriorated).

3.4 Comparison between Auckland and the rest of the country

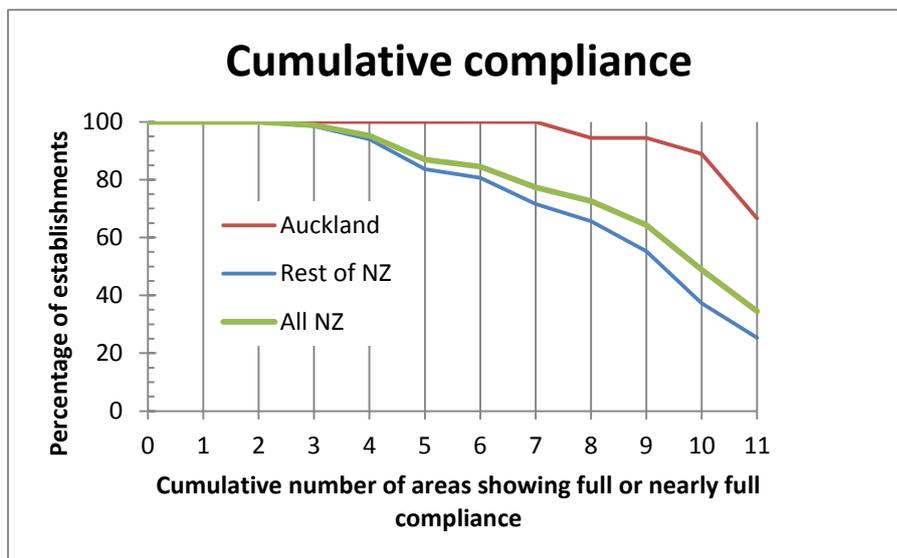
The Auckland Health and Hygiene bylaw, which requires registration of commercial sunbed operators and compliance with performance Standards (which follow closely the requirements of AS/NZS 2635:2008), came into force on 1 July 2014.

Since then, the number of establishments offering sunbed services in Auckland has decreased significantly. In July 2014 the Auckland Regional Public Health service had identified 41 premises as offering commercial sunbed services. Their July 2015 report identified only 33, but Auckland Council records indicated that several of these were no longer operating sunbeds. The Auckland Council has 27 registered operators, of whom 22 were assessed in the first half of 2015.

The plots below compare the results for Auckland with the rest of New Zealand .



This shows that operators in Auckland showed a higher level of compliance than operators in other parts of the country in almost all the aspects of the operation which were checked. These findings are reflected in the cumulative compliance plot.



This plot shows that 67% of operators in Auckland complied fully, or almost fully, in all the areas of operation that were checked, compared with 25% in other parts of New Zealand and an average of 35% over the whole country. All operators in Auckland complied with at least seven of the operating areas checked, compared with 72% in the rest of the country.

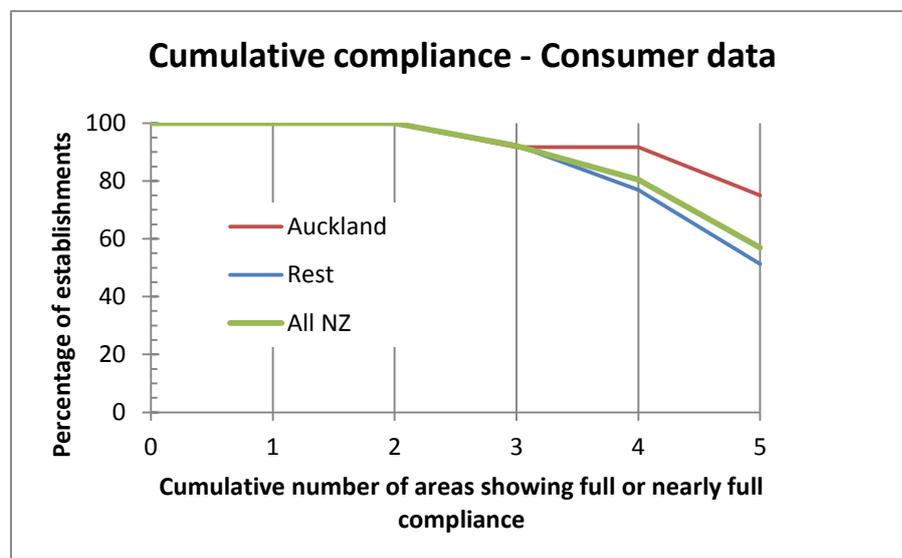
In fact comparing the cumulative compliance for the rest of New Zealand with the compliance over the whole country in 2014 shows that in the rest of New Zealand there has been a slight deterioration in compliance compared with 2014.

In terms of the “figure of merit” used in section 3.3.14, the values are:

Region –Year	All NZ - 2014	Auckland - 2015	Rest of NZ - 2015	All NZ - 2015
Figure of merit	78.4	95.4	76.0	80.3

The most likely explanation for the superior compliance in Auckland is the introduction of the bylaw, which could have an effect either through operators who have previously shown poor compliance deciding to stop offering sunbed services, or by obliging operators to meet the required Standards, or a combination of both. However, an alternative explanation is that the Auckland Council staff who made the compliance checks in 2015 were more lenient in their assessment than the PHU staff in the rest of the country (who mostly have a few years’ experience in this work).

Data from the Consumer NZ mystery shopper data published in April 2015 allows for an independent check. Consumer visited 13 establishments in Auckland, for which complete data was available for 12, and 47 in the rest of the country, for which complete data was available for 39. Consumer checked five areas of operation (warning notices, skin assessment, consent forms, eye protection and 48 hour delay), and the cumulative compliance plot for the establishments for which all data was available is shown below.



Consumer did not check as many aspects of the operations as the PHUs, but nevertheless this data supports the idea that there has been a genuine improvement in compliance in Auckland compared with the rest of the country.

4 Discussion

4.1 Comparison with previous assessments

Overall there has been a further small improvement since the standardised assessment in 2014. This appears to be driven entirely by a significant improvement in Auckland following the introduction of the Health and Hygiene bylaw: in the rest of the country there was, if anything, a slight deterioration in compliance.

Since 2013 there have been considerable improvements in the use of consent forms, maintaining client records and staff training. Areas which showed good compliance in 2013, such as hygiene and requiring goggles to be worn, continue to show good compliance.

Set against this, some areas in which compliance was found to be mediocre in 2013, such as the use of timers which are only set by the operator and not the client, and the exclusion of high risk clients, continue to be mediocre. While there has been a small increase in the numbers of establishments which do not allow under-18s to use sunbeds, there is still hard core which allows people with skin type I to use a sunbed, and maintain that they will continue to do so until there is a legal obligation to do otherwise.

The compliance data reported here comes from establishments which agreed to the assessment (except in Auckland, where Council staff have the right to make assessments under the Health and Hygiene bylaw). There is a risk, therefore, that if large numbers of operators refuse an assessment the data gives a poor representation of the situation in New Zealand, as operators who refuse the assessment may be less inclined to follow the recommendations in the Standard. In practice, only four operators refused an assessment (similar to previous years), so the findings will be little affected.

There was a significant drop in the numbers of operators with sunbeds, from 162 to 123. While Auckland accounted for many of these, PHUs in other regions also noted decreases, and reported that more operators were planning to give up. Reasons given included falling demand (and sometimes increased demand for spray tans), and the cost of replacing bulbs.

As in previous years, there were occasional reports of clients having been referred by doctors for psoriasis treatment, or self-referrals (for example, because of waiting times at the hospital).

Overall, these findings suggest that if further significant improvements in compliance are to be made, this will only come about through regulatory actions.

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.

Appendix A Assessment form

PHU: _____ Assessor: _____ Date: _____

1 Establishment information	
Name of premises	
Address	
Phone	
Alternative phone	
Number of attempts to contact	
Assessed?	Circle one: Assessed / Operator refused / Sunbeds not being used (but might be in the future) / no sunbeds or sunbeds will be removed soon / operator too busy / visit cancelled by operator / not assessed for some other reason (give the reason in the comments).
Manager/owner	
Email	
No. of beds	
Visited previously?	Yes / No
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>			
	<ul style="list-style-type: none"> Detailed questionnaire? 		
	<ul style="list-style-type: none"> Comparison with skin colour chart? 		
	<ul style="list-style-type: none"> 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>			
	<ul style="list-style-type: none"> UV from a sunbed contributes to skin aging and skin cancer 		
	<ul style="list-style-type: none"> Avoid intentional UV exposure for 48 hours after session 		
	<ul style="list-style-type: none"> Eye protection obligatory 		
	<ul style="list-style-type: none"> Fair skinned clients who burn easily not accepted 		
	<ul style="list-style-type: none"> Clients under 18 not accepted 		
	<ul style="list-style-type: none"> Recommendations against tanning (moles, skin cancer history, easily burn etc) 		
	<ul style="list-style-type: none"> 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>		
• No clear system		
• All clients given the same time		
• Time selected by client		
• Operator's tables based on skin type, previous sessions?		
• Manufacturer/supplier tables based on skin type, previous sessions?		
• Other (please describe)?		
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:	