

# Visits to commercial solariums by DHB Public Health Units between 1 February and 31 July 2016: summary of findings

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## 1 Executive summary

Staff from Public Health Units (PHUs) made an eighth round of visits to commercial solariums in their regions in the first half of 2016. 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 *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, 2014 and 2015, so the effectiveness of the visits in improving compliance with the recommendations in the Standard can be gauged by comparing results between the four sets of visits.

133 establishments are believed to have sunbeds (there is always some uncertainty over this figure due to difficulties contacting some operators). This is an increase from the 123 reported in 2015 and the result of two competing factors: work by the University of Otago Cancer Society Social & Behavioural Research Unit, kindly shared with the Ministry of Health, which uncovered several operators not previously identified by PHUs, and attrition in the industry. Several operators reported that they would probably stop offering sunbed services soon.

100 establishments were assessed using the standardised assessment form. Overall there was slightly greater compliance with the Standard than in 2015, both in Auckland (which introduced rules governing sunbeds in its Health and Hygiene bylaw) and in the rest of the country. Compliance in Auckland, however, was markedly better than in the rest of New Zealand, a finding confirmed by the Consumer NZ January 2016 “mystery shopper” survey.

While all areas of operation have improved since the first systematic assessment in 2013, in some areas (such as using a timer which is only set by the operator) the improvement is only slight. In other areas in which greater improvements have been found (such as use of consent forms, and excluding high risk clients), overall compliance is still less than 80%. 92% of operators refused sunbed services to under-18s, which is a further improvement over 2015.

The findings confirm that further significant improvements will only come about through regulatory actions.

The amendment to the Health Act banning the provision of sunbed services to under 18s comes into force in January 2017. It is recommended that the next six-monthly visits should again focus on ensuring that operators are aware of their obligations and how they should confirm a client’s age. PHUs should also ensure that their databases of sunbed operators are up to date.

The work of PHU staff in undertaking these visits, and the willingness of the University of Otago Cancer Society Social & Behavioural Research Unit to share their lists of operators, is gratefully acknowledged.

## 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 *Solariums 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 eight 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, 2015 and in the visits reported here.

As well as undertaking the systematic assessment, PHUs were also asked to ensure that solarium operators:

- are aware of forthcoming legislation banning under-18s from using sunbeds;
- are aware that compliance with many other aspects of the Standard could soon become compulsory
- have resources to help them implement the administrative and procedural requirements of the Standard.

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 downloaded<sup>1</sup>.

### 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.

Subsequently, PHUs were also sent a copy of a list of sunbed operators in their area prepared by the Cancer Society Social & Behavioural Research Unit (SBRU) at the University of Otago Department of

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<sup>1</sup> Available at: <http://www.emfservices.co.nz/resources/uv-and-sunbeds>

Preventive and Social Medicine. This list had been collated by the SBRU while preparing their submission on proposed sunbed regulations through searches of websites, the yellow pages and Consumer NZ reports, and contained some operators not hitherto identified by PHUs. PHU staff were requested to follow up on all the operators on the SBRU list not previously identified by the PHU, add any offering commercial sunbed services to their visit list and return updated information on the SBRU lists with their other reporting. The assistance of the SBRU in providing their list of operators is gratefully acknowledged.

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*.

In Auckland the assessments were made by Council Environmental Health Officers as part of their work enforcing the Auckland Health and Hygiene bylaw. The Auckland Council kindly agreed to share these results with the MoH.

## 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	2016	2015	2014	2013
Establishments with sunbeds <sup>2</sup>	133	123	162	173
Establishments with sunbeds visited	100	101 <sup>3</sup>	145	139

While there is an apparent increase in the number of establishments with sunbeds, this is probably due to the new premises identified by the University of Otago which were visited for the first time in the first half of 2016. This number also includes establishments which were reported to have sunbeds that were not being used (but could be in the future), and a few establishments which said they had a sunbed that was only used by the owner. In some cases, it is difficult for the PHU staff to ascertain whether sunbeds are being used commercially or not: “mystery shopper” type surveys are better suited to finding out the truth in such situations. Overall, however, most PHUs again 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. A few establishments mentioned the cost of replacing bulbs, which made sunbed operations uneconomic.

### 3.3 Detailed results from the assessments

A systematic assessment was carried out on total of 100 establishments. This section presents results from these establishments. The analysis considers each section of the assessment separately, and compares results to those found in previous years.

#### 3.3.1 Overview

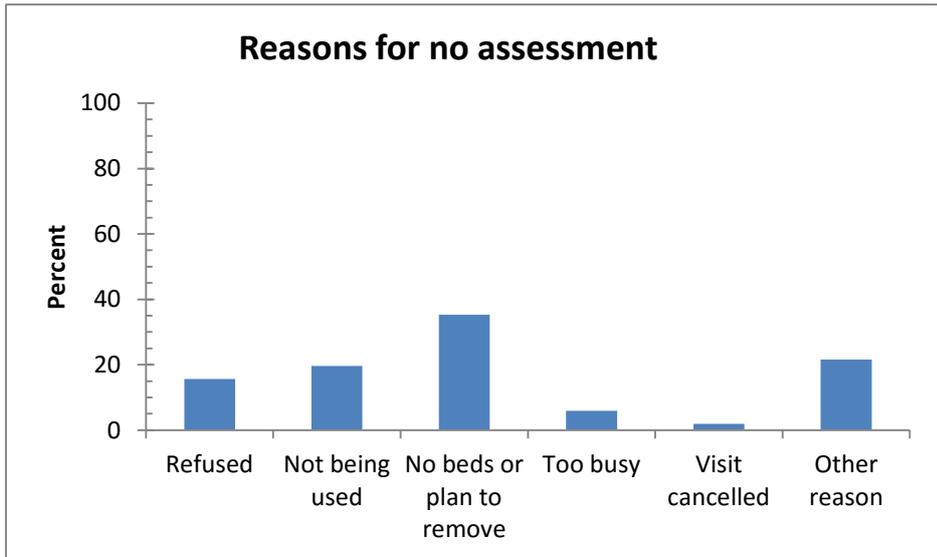
Summary data on the establishments covered in the spreadsheets is presented in the table below.

Characteristic	2016	2015	2014	2013
Establishments for which information reported on spreadsheet	151	135	168	151
Establishments assessed	100	97	133	123
Establishments not assessed	51	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. As in previous years, a few operators simply refused to have a visit: in which case information about forthcoming legislation was mailed to them. The “other reasons” were mostly due to difficulties making an appointment to see the establishment operator.

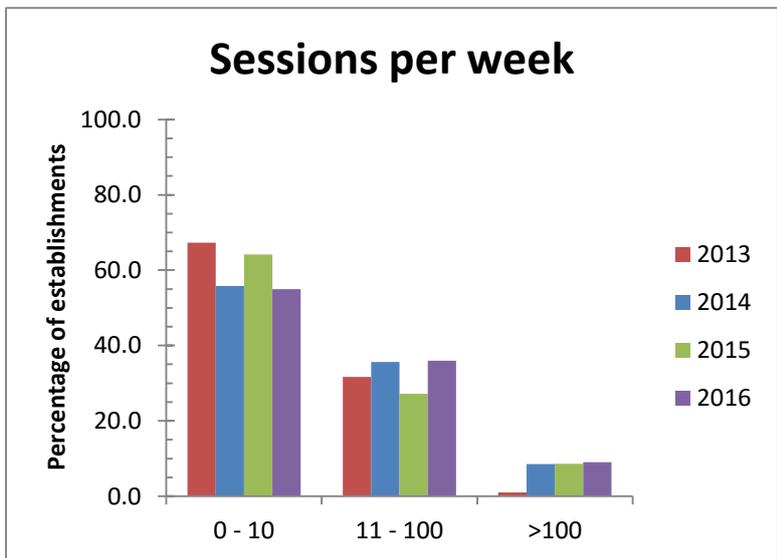
<sup>2</sup> This figure includes establishments with sunbeds which were reported as not being used, but for which there were no plans to remove them.

<sup>3</sup> Some establishments were visited, but no assessment, or a very incomplete assessment, carried out.



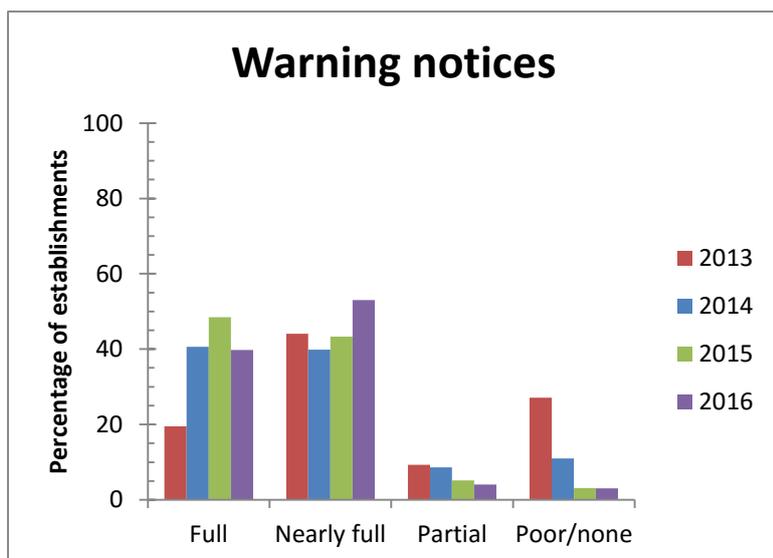
89% of establishments only had one sunbed (this includes establishments where the bed was reported as not being used), but some had up to 7. 13 establishments had four or more beds: between them these establishments accounted for more than one third of all the sunbeds in the country. Over all the establishments for which this data was available, the average number of beds per establishment was 1.6, the same as in previous years.

There was also a wide range of use reported, ranging from zero to 400 sessions per week. These figures are estimates from the operators, and were not available for all establishments, so may not be completely reliable but should be sufficiently good for comparative purposes.



### 3.3.2 Warning notices

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



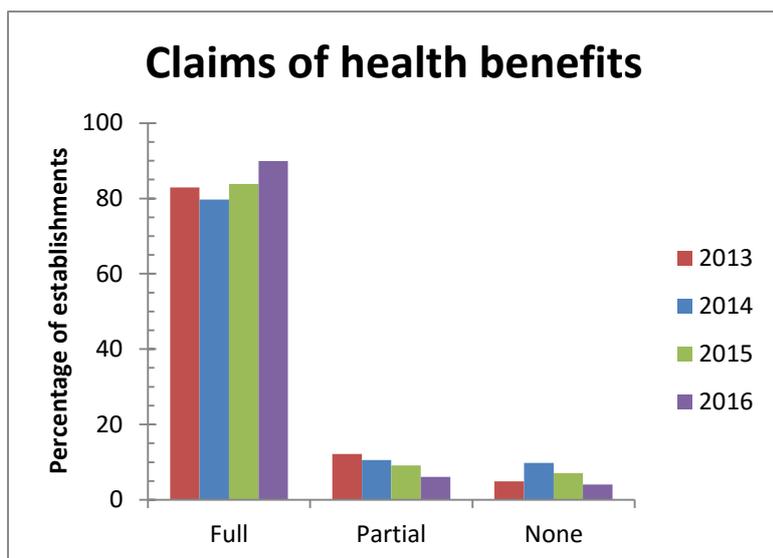
The meanings of the categories are as follows:

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 was a small improvement, with 93% of establishments having at least one notice displaying all the required information, against 91% in 2015.

### 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.



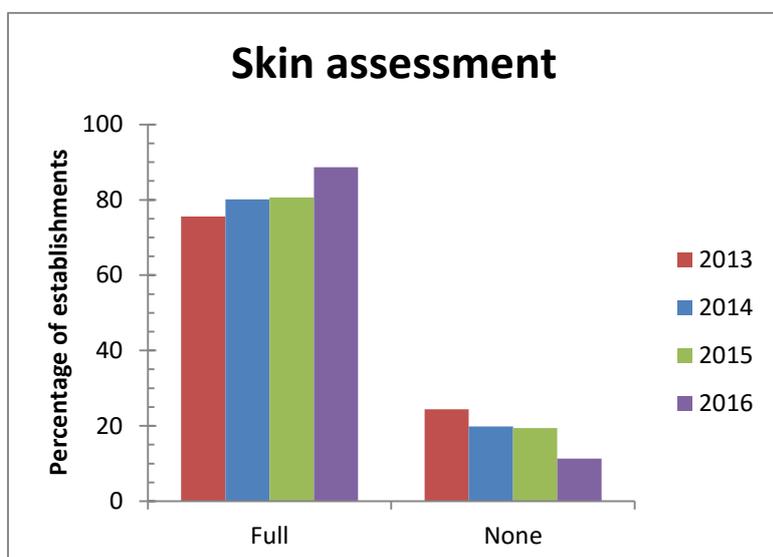
The meanings of the categories are as follows:

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.

There was a small improvement since 2015. A few operators were found to have posters promoting health benefits when visited, and agreed to take them down. (These operators were counted as making claims of health benefits.)

### 3.3.4 Skin assessment

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

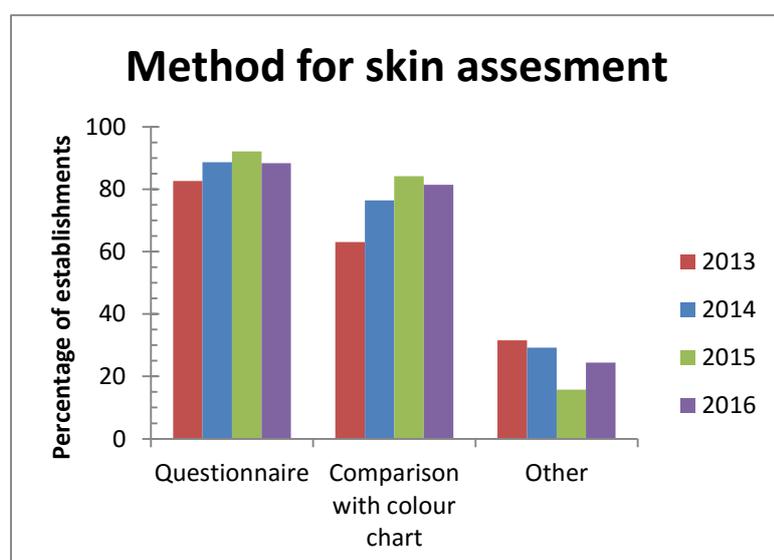


The meanings of the categories are as follows:

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.

Here too there was a small improvement since 2015.

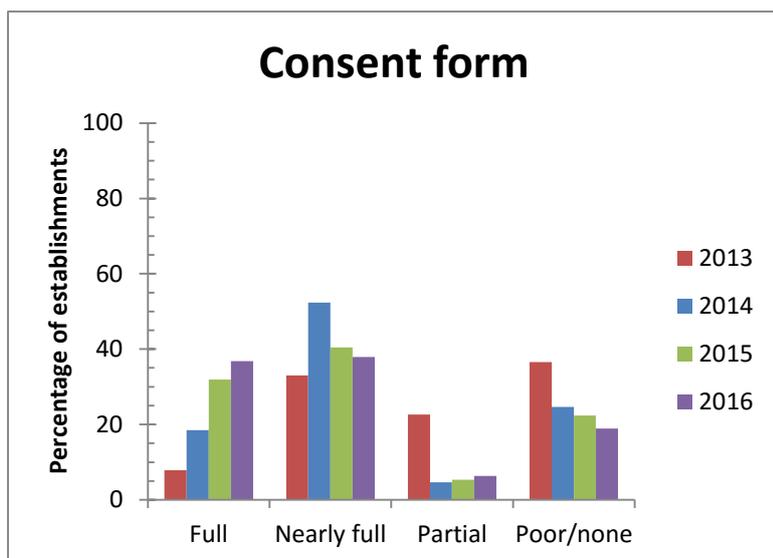
PHUs were asked to try and find out how establishments carried out the skin assessment, either using a detailed questionnaire of the type shown in the *Guidelines for operators of ultraviolet (UV) tanning lamps*, or using a simple skin colour chart, or by some other means. Results are shown in the histogram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



Some establishments used a combination of methods, which is why the total across all methods adds up to more than 100%. As in previous years, 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.

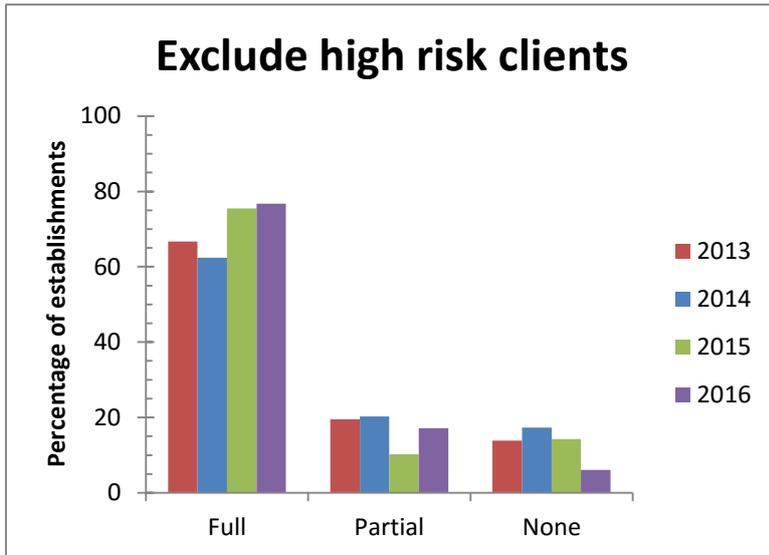
There was another small increase in the number of establishments using a consent form meeting the requirements of the Standard (whether or not a copy was provided to the client). Nearly 20% of establishments, however, either do not use a form or use a form which does not include most of the required information.

One operator complained about being assessed as showing no compliance for a consent form which included just one of the elements (age) required by the Standard. As this operator had previously used a form with three or four of the required elements, and had been provided several times with the template for a fully compliant form, they received little sympathy.

87% of establishments used a consent form which noted that under 18s are not accepted.

### 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.



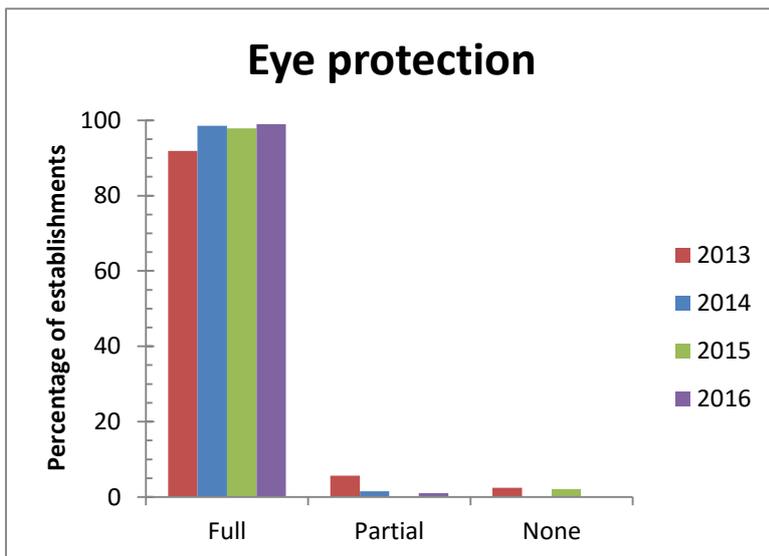
The meanings of the categories are as follows:

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

92% were reported to refuse sunbed services to under-18s, which is a small improvement over 2015.

### 3.3.7 Eye protection

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



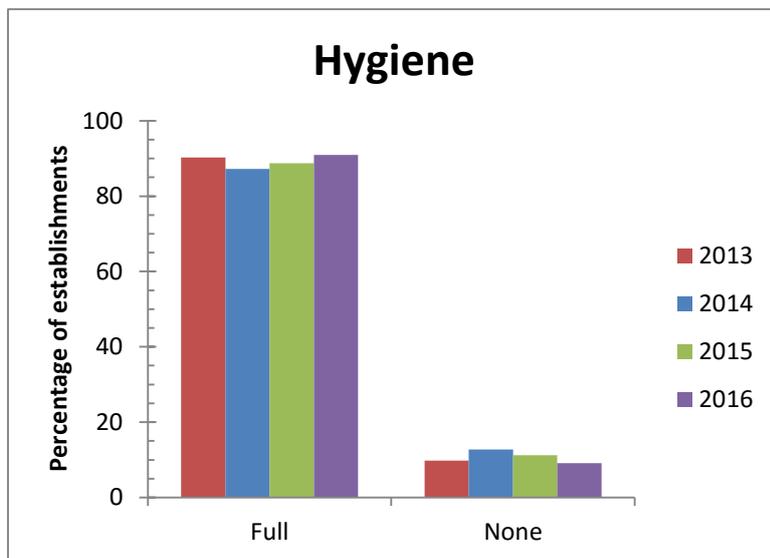
The meanings of the categories are as follows:

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 continued at the very high level seen in the previous two years.

### 3.3.8 Hygiene

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



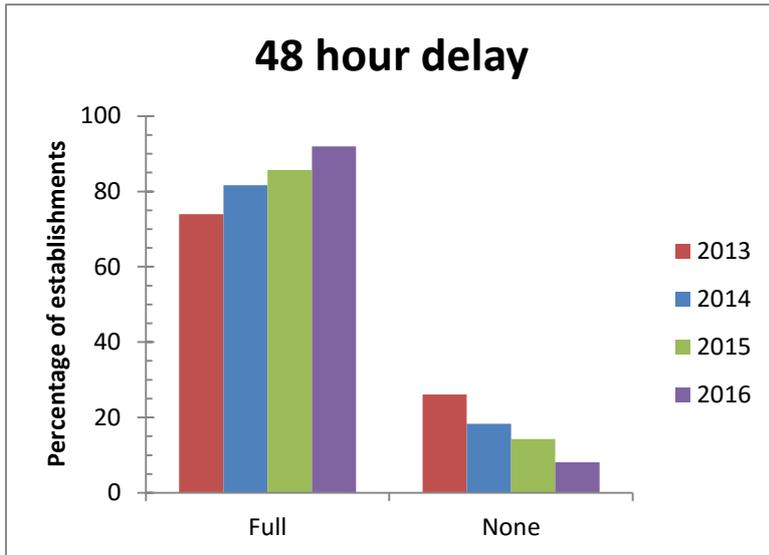
The meanings of the categories are as follows:

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. However, comments received from one PHU suggest that more specific guidance on what is expected (for example, efficacy of the disinfectant used) may be necessary.

### 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:

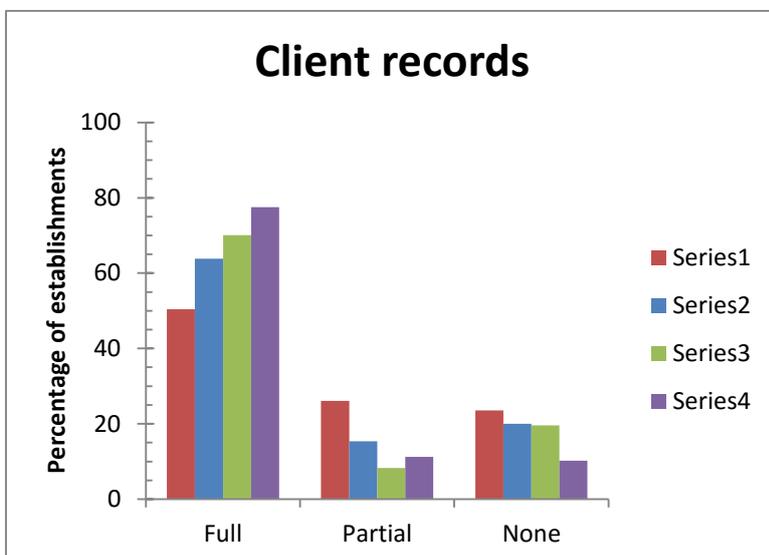
Category	Meaning
Full	Evidence that a 48 hour delay between sessions is enforced.
None	No evidence a 48 hour delay between sessions is enforced.

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.

One operator (a gym) said that anyone with gym membership has free access to the sunbeds and they cannot control how often someone uses them. This operator had very poor compliance with the other requirements checked, but said they would start to use consent forms and skin assessments over the next few months.

### 3.3.10 Client records

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



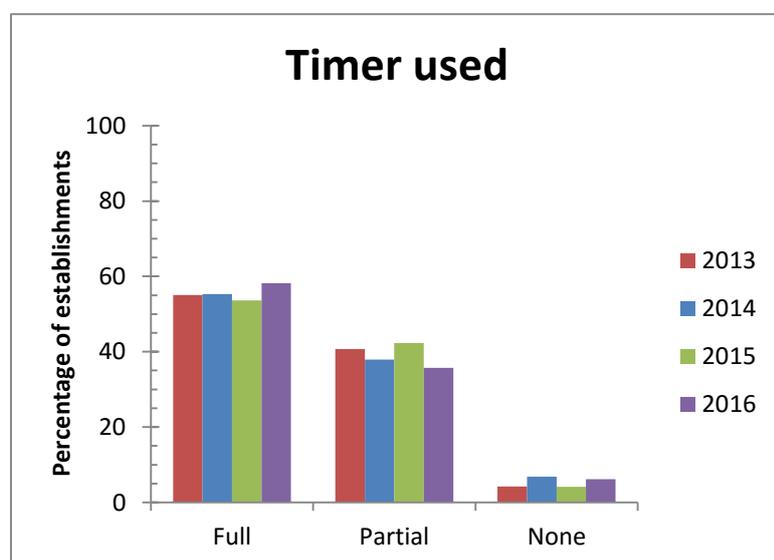
The meanings of the categories are as follows:

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

Since 2013 the number of fully compliant establishments has increased from 50% to 78%.

### 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.

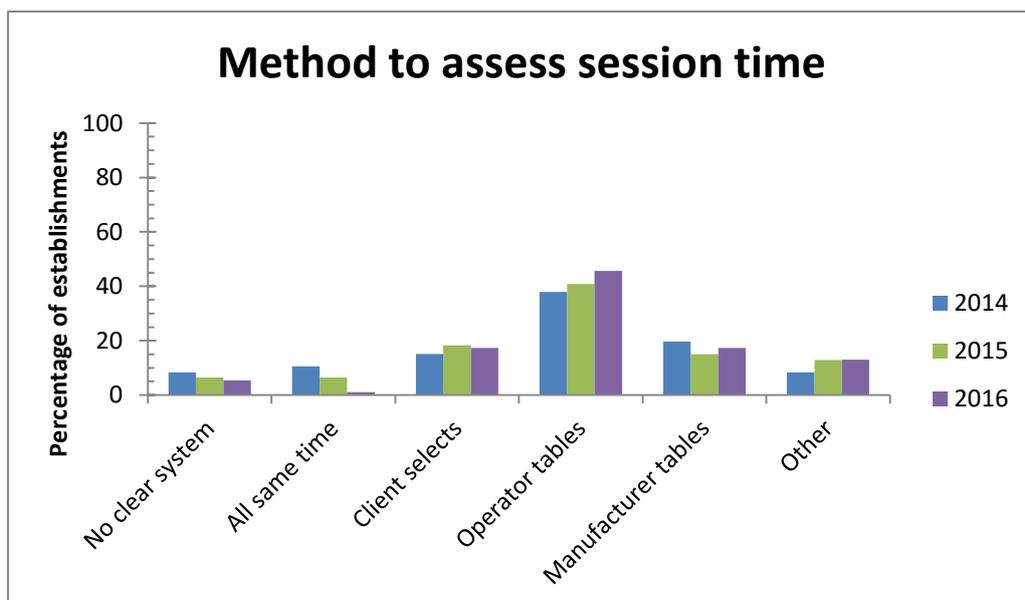


The meanings of the categories are as follows:

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

There has been virtually no change in the percentage of establishments that allows clients to determine their own session times. Many of the PHUs report that the sunbeds operate with tokens, with each token allowing three minutes exposure. This does not permit the finer variations in session time control, as a function of skin type and the number of previous sessions, anticipated in the Standard.

Since 2014, PHU staff were also asked to identify the main method used for determining the session time.

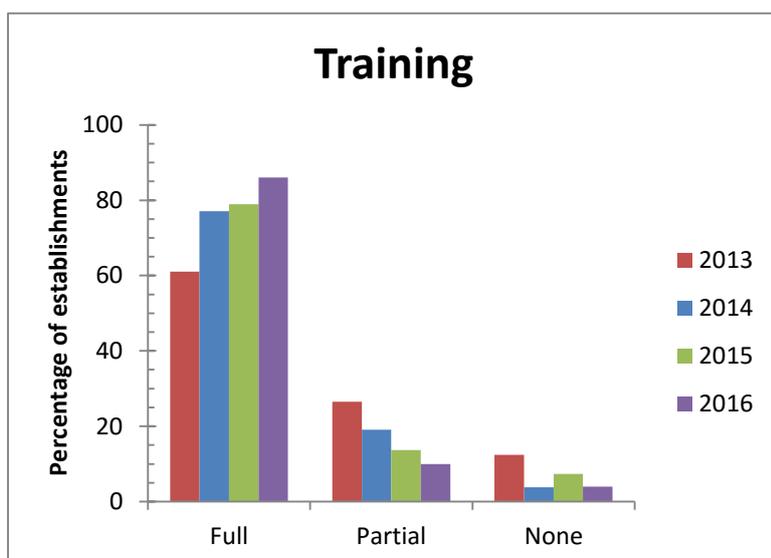


There has been little change over the years. However, there is an inconsistency between the results reported here for “client selects the time” and the percentage of establishments which allow clients to set the timer.

### 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.

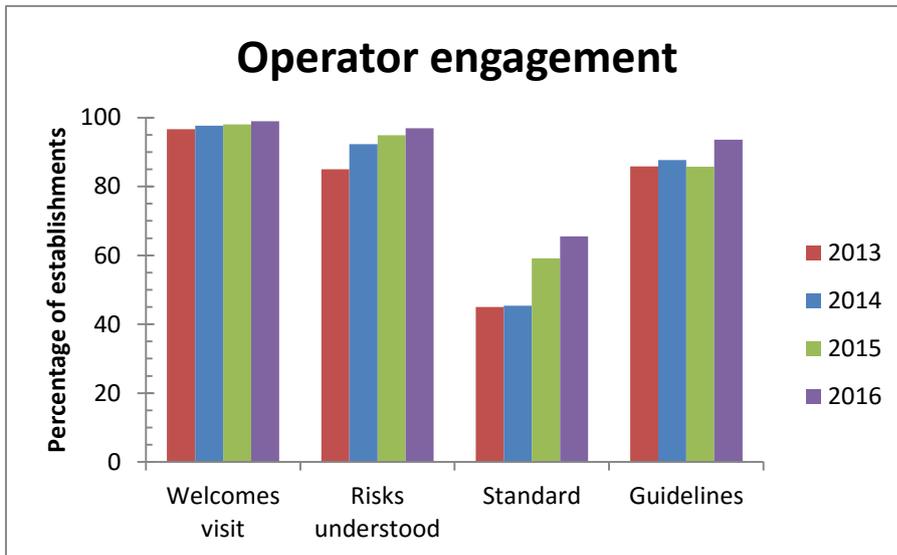
The Standard does not require that operators maintain records of staff training, but PHUs were asked to find out whether this is done. 44% of operators did so, compared with 31% in 2015 and 36% in 2014.

### 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*.

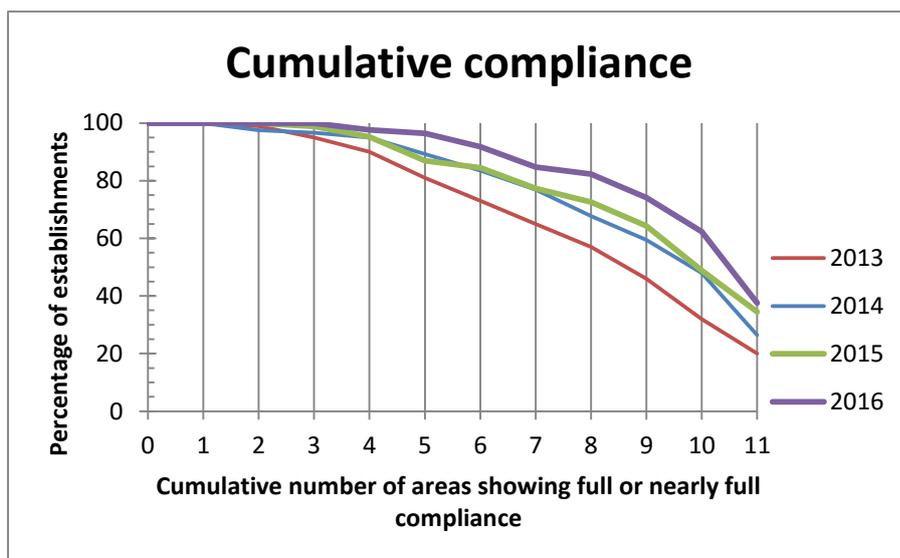
Results are presented in the histogram below.



As in previous visits, the visits are generally welcomed (not forgetting that a small percentage of operators refuse a visit, and so are not included in these figures). While most appear to understand the risks, results from the previous sections show that this does not always get carried through to effective actions.

### 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 38% of establishments in 2016 showed full or nearly full compliance in all eleven areas of operation assessed, compared with 35% in 2015, 26% in 2014 and 20% in 2013. 74% showed full or nearly full compliance in nine or more of the areas of operation checked, against 64%, 60% and 46% in 2015, 2014 and 2013 respectively.

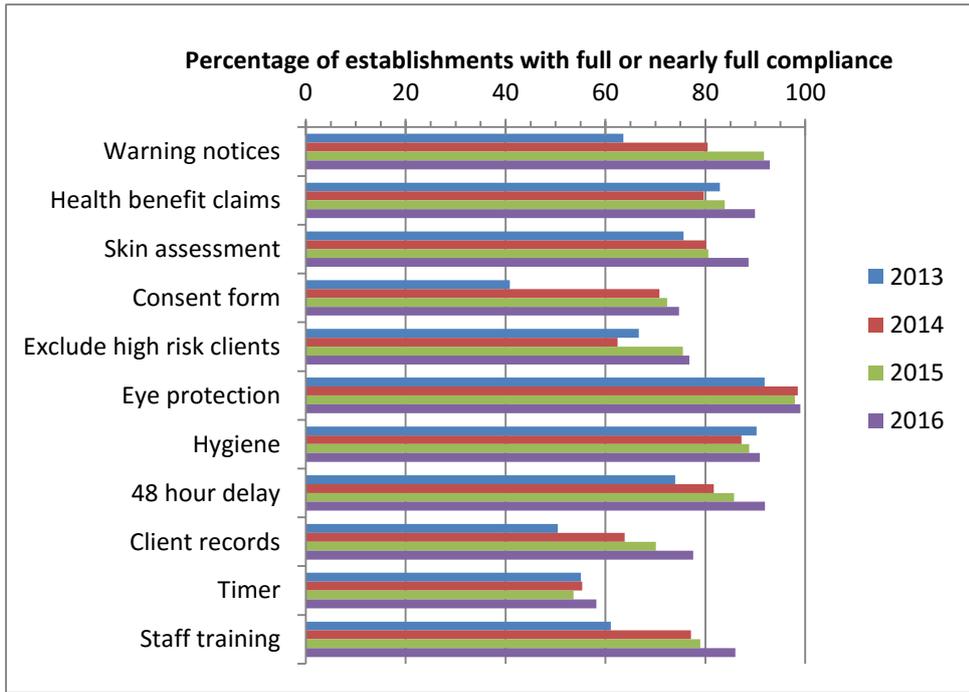
The average percentage<sup>4</sup> can be used as a “figure of merit” – a single number to allow a very simple comparison of overall performance from one year to the next. The figures of merit for 2013, 2014 and 2015 are:

Year	2016	2015	2014	2013
Figure of merit	85.6	80.3	78.4	71.5

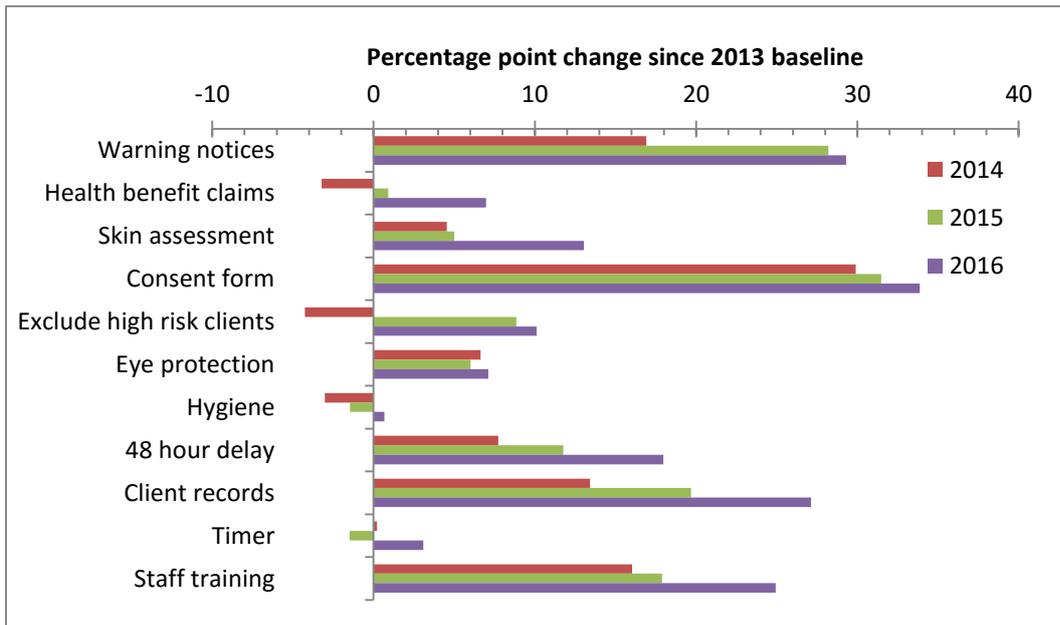
Overall, this shows that there has been another small improvement in the past year.

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.

<sup>4</sup> 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, 2015 and 2016 compared with 2013.



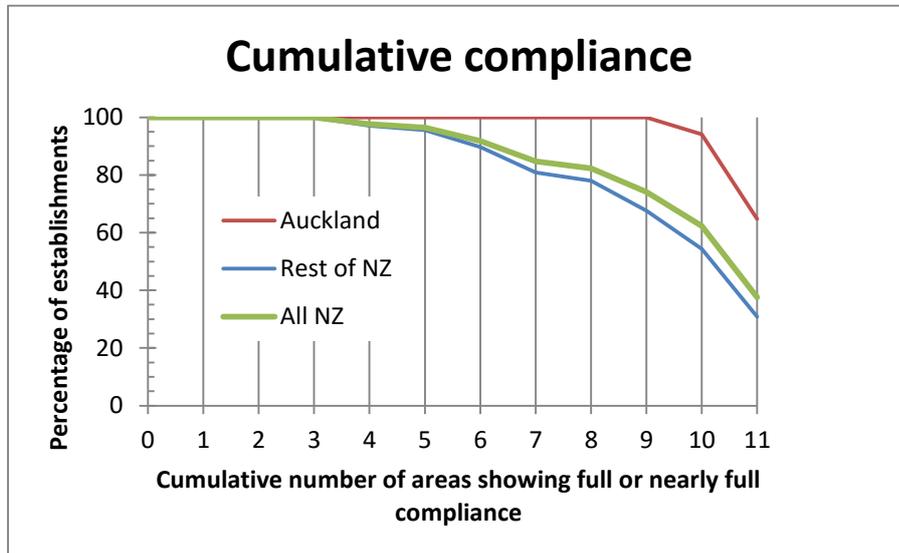
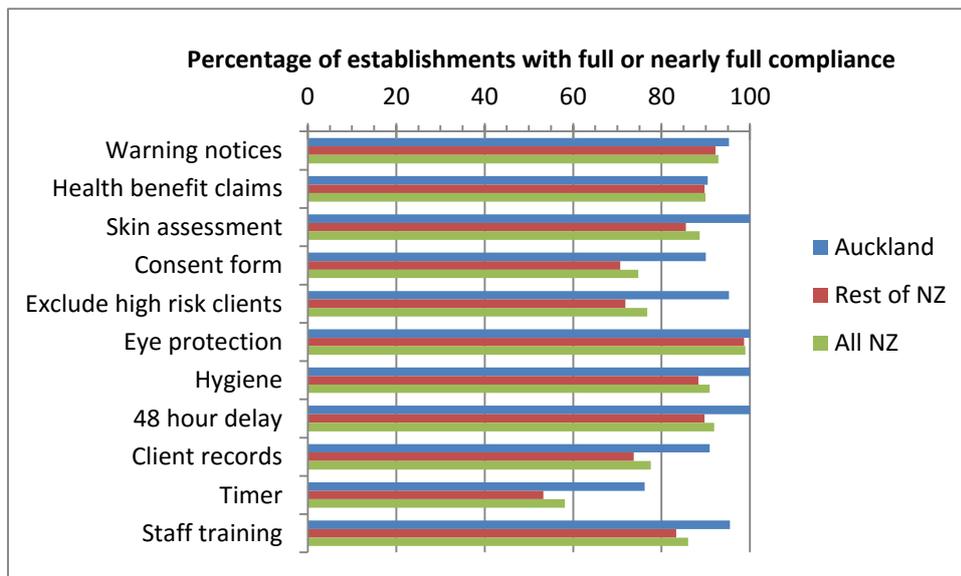
For the first time, all 11 areas of operation checked have shown an improvement since 2013, and also an improvement since the previous year. The main area where there has been little improvement is in use of the timer (in particular, allowing clients to set their own time). While both excluding high risk clients and use of consent forms has improved over the years, there is still less than 80% compliance in both areas.

### 3.4 Comparison between Auckland and the rest of the country

In 2015 it was found that compliance in Auckland was better than in the rest of the country (indeed, compliance in the rest of the country appeared to have deteriorated slightly). This was confirmed by

analysis of Consumer NZ mystery shopper data published in April 2015, and attributed to the effects of the introduction of the Auckland Health and Hygiene bylaw on 1 July 2014. This bylaw requires registration of commercial sunbed operators and compliance with performance Standards (which follow closely the requirements of AS/NZS 2635:2008), and was accompanied by a significant decrease in the number of operators offering sunbed services in Auckland.

The results from 2016 repeat this finding, with better compliance in all 11 areas assessed, and better cumulative compliance.

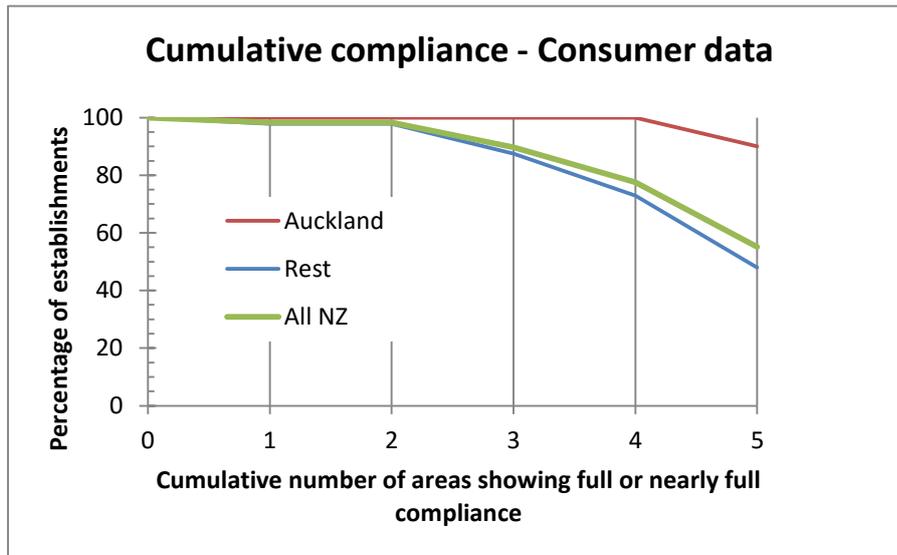


All operators in Auckland complied with at least nine of the operating areas checked, compared with 68% in the rest of the country.

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

Region –Year	Auckland	Rest of NZ	All NZ
2014			78.4
2015	95.4	76.0	80.3
2016	96.6	82.8	85.6

These findings are again supported by Consumer NZ “Mystery Shopper” data, published in January 2016. Consumer NZ checked five areas of operation (warning notices, skin assessment, consent forms, eye protection and 48 hour delay), and the cumulative compliance plot is shown below.



## 4 Discussion

### 4.1 Comparison with previous assessments

There has been a further small improvement since the assessment carried out in 2015. Unlike 2015, however, there have been improvements in both Auckland and in the rest of the country, but compliance in Auckland is again much better than the rest of the country.

Although there have been improvements since 2013 in all 11 areas assessed, there has been little change in compliance with the requirement that only the operator sets the timer. It is also disappointing that while both excluding high risk clients and use of consent forms has improved over the years, there is still less than 80% compliance in both areas.

There are still operators who are hostile to the whole assessment process, and either refuse visits or say they will not change their practices until legally obliged to do so. As operators who refuse the assessment may be less inclined to follow the recommendations in the Standard, this could mean that the findings do not properly represent the overall picture in New Zealand. In practice, eight operators refused an assessment, so while the findings probably present an optimistic picture of the degree of compliance, it is not unrealistically so. Operators who refused a visit should now be well aware of the forthcoming legislative changes.

Although the total number of establishments increased from 2015, most PHUs commented that a few operators had ceased offering sunbed services, and the increased number is almost certainly

due to the operators discovered by the University of Otago work. (In 2014, one of the sunbed wholesalers commented that the number of establishments on PHU lists was probably 20% down on the true number.) As in previous years, several operators said they would probably stop offering sunbed services in the near future, with the cost of bulbs being cited several times as the reason.

Where operators had ceased offering sunbed services, some had sent the sunbed to the tip, and others had sold the bed to another operator, or to individuals (such as ex-clients). Others still had the bed (often unable to be used) on the premises. A few had been contacted about replacing UV bulbs with infra-red lamps for “collagen therapy”.

As in previous years, there were occasional reports of clients having been referred by doctors for psoriasis treatment.

While there has been a small improvement in compliance amongst operators outside Auckland since 2015, these findings provide further support for a conclusion that further significant improvements will only come about through regulation.

## **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.
- Ensuring that their database of establishments offering sunbed services is completely up to date. Establishments should be kept on the PHU list until it is certain that a sunbed has been disposed of. If a sunbed is sold, efforts should be made to find the buyer (even if a private buyer) to supply them with information on best practice operation.
- Continuing to ensure that operators (especially new ones) have the materials and information they need to assist with compliance with the Standard.

## 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:		

<b>3</b>	<b>Claims of benefits</b>	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:			

<b>4</b>	<b>Skin type assessment</b>	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"> <li>Detailed questionnaire?</li> </ul>		
	<ul style="list-style-type: none"> <li>Comparison with skin colour chart?</li> </ul>		
	<ul style="list-style-type: none"> <li>Other (please describe), plus any comments</li> </ul>		

<b>5</b>	<b>Consent form</b>	Yes	No
	Evidence that consent form used		
	Copy provided to client		
<i>Consent form content:</i>			
	<ul style="list-style-type: none"> <li>UV from a sunbed contributes to skin aging and skin cancer</li> </ul>		
	<ul style="list-style-type: none"> <li>Avoid intentional UV exposure for 48 hours after session</li> </ul>		
	<ul style="list-style-type: none"> <li>Eye protection obligatory</li> </ul>		
	<ul style="list-style-type: none"> <li>Fair skinned clients who burn easily not accepted</li> </ul>		
	<ul style="list-style-type: none"> <li>Clients under 18 not accepted</li> </ul>		
	<ul style="list-style-type: none"> <li>Recommendations against tanning (moles, skin cancer history, easily burn etc)</li> </ul>		
	<ul style="list-style-type: none"> <li>Warnings about medication, pregnancy, cosmetics</li> </ul>		
Comments:			

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

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

<b>8 Hygiene</b>	Yes	No
Evidence that beds and eye protection sanitised after use		
Comments:		

<b>9 48 hour delay between sessions</b>	Yes	No
Evidence that 48 hour interval between sessions enforced		
Comments:		

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

<b>11 Timer</b>	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:		

<b>12 Training</b>	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:		

<b>13 Operator interest/engagement (for information)</b>	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>		

<b>Materials provided</b>	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:	