



Tanning Bed Supplemental Questionnaire

Insured Name & Mailing Address

Agent Name

Agent Code: _____

OPERATIONS

Description of Operations: ___ Beauty/Barber Shop with Tanning Bed(s) ___ Tanning Salon

Number of tanning beds: _____ Number of stand-up tanning booths: _____ Number of Spray Tanning Units: _____

OPERATIONAL CONTROLS

Please attach a copy of customer waivers and questionnaires used by applicant.

1. Are waivers signed by each customer and kept as a permanent record (Y/N)? _____

If no, explain: _____

2. Are time and usage sheets maintained and kept as permanent records (Y/N)? _____

If no, explain: _____

3. Are all timers controlled by attendant (Y/N)? _____

If no, explain control procedures: _____

4. Are all units U.L. approved (Y/N)? _____

If no, explain: _____

5. Are attendants on duty at all times (Y/N)? _____

If no, explain: _____

6. Are goggles supplied to and worn by each customer (Y/N)? _____

If no, explain: _____

7. Are tanning units disinfected after each use (Y/N)? _____

If no, explain: _____

8. Are parents required to sign waivers for minors (Y/N)? _____

If no, explain: _____

9. Are customers advised to remove contact lenses (Y/N)? _____

If no, explain: _____

Are signs posted (Y/N)? _____

If no, explain: _____

10. Are customers asked if they are taking medications (Y/N)? _____

If no, explain: _____

If using Rx, is MD written OK for tanning required (Y/N)? _____

If no, explain: _____

11. Any pregnant customers using tanning equipment (Y/N)? _____

If yes, explain: _____

12. Any token or coin operated timers on any units (Y/N)? _____

If yes, explain: _____

