

# SUNBEDS AND TANNING

## UV Equipment Aide Memoire

TORFAEN  
COUNTY  
BOROUGH



BWRDEISTREF  
SIROL  
TORFAEN

This checklist will help you create or review a management policy for your UV tanning equipment and to promote its safe use by customers. This can help you plan the day to day care and maintenance of equipment and manage your facilities to help safeguard the welfare of your staff and clients. This can also help you to create a useful resource for training staff.

| General   |          |
|---|----------|
| Member of Professional Body e.g. Sunbed Association / other:  | Yes / No |
| Have you completed a Risk Assessment on Tanning Equipment Use:  | Yes / No |
| <ul style="list-style-type: none"> <li>▪ Does it adequately cover the risks to Staff &amp; Customers from UV Radiation?</li> </ul>        | Yes / No |
| <ul style="list-style-type: none"> <li>▪ Does it contain measures to control all other risks as far as reasonably practicable?</li> </ul> | Yes / No |
| Are you aware of the Manufacturers User Instructions for the Tanning Equipment?   | Yes / No |
| Who is in control whilst the beds are in use?   | Yes / No |
| Name:   |          |
| Is that person available at all times the beds are in use?  | Yes / No |
| Can that person be summoned in an emergency?  | Yes / No |
| Contact Number:   |          |
| Has each person authorized to control the beds had adequate training in the care and use of tanning appliances with regard to:            |          |
| <ul style="list-style-type: none"> <li>▪ How to avoid all unnecessary exposure to UV radiation</li> </ul>                                 | Yes / No |
| <ul style="list-style-type: none"> <li>▪ Understanding the Health Risks of Exposure to UV radiation</li> </ul>                            | Yes / No |
| Can staff confidently give advice to customers on:  |          |
| <ul style="list-style-type: none"> <li>▪ How equipment works</li> </ul>   | Yes / No |
| <ul style="list-style-type: none"> <li>▪ How to call for help in an emergency</li> </ul>  | Yes / No |
| <ul style="list-style-type: none"> <li>▪ How long they use the equipment during each visit</li> </ul>                                     | Yes / No |
| <ul style="list-style-type: none"> <li>▪ All safety features</li> </ul>   | Yes / No |

| <b>Maintenance</b>  |   |
|---|---|
| Check the manufacturers' instructions with regard to replacement tubes.<br>Do you follow this advice?<br>If not, record what action you take: | Yes / No                                      |
| If you do not use manufacturer recommended replacement parts, do the parts you use meet the specifications?                                   | Yes / No                                      |
| When re-tubing: <ul style="list-style-type: none"> <li>▪ Do you reduce session times?</li> <li>▪ Do you give warnings?</li> </ul>             | Yes / No<br>Yes / No                          |
| Is the area around the bed(s) free from obstruction?  | Yes / No                                      |
| What type of ventilation do you use:  |   |
| Is the ventilation adequate?<br>Is the ventilation serviced routinely?  | Yes / No<br>Yes / No<br>If so what frequency? |
| <b>Facilities</b>   |   |
| Do doors to treatment rooms open away from the beds?  | Yes / No                                      |
| Are all door latches operable from both sides?  | Yes / No                                      |
| Are adequate shower facilities provided for users?  | Yes / No                                      |
| <b>Guidance and Care</b>  |   |
| Are clients advised on increased UV sensitivity and use of make up /deodorant?  | Yes / No                                      |
| Do you display adequate guidance information adjacent to each bed <u>and</u> at the reception desk?   | Yes / No                                      |
| Are customers made aware of the 'Customer Information' in the HSE Document IND(G)209(2) leaflet/poster?                                       | Yes / No                                      |
| Do you display UV warning on equipment?   | Yes / No                                      |
| What do you advise on number of sessions per year?<br>Other session usage (i.e. 24h / 48h)  |   |

|   |   |
|---|---|
| Do you advise clients who exceed 20 sessions per year?  | Yes / No  |
| Are goggles suitable for each use with UV light:<br><ul style="list-style-type: none"> <li>▪ Approved (BS EN 60335-2-27:2003)</li> <li>▪ Disposable or sanitised each session (circle)</li> </ul>   | Yes / No<br>Disposable; Sanitised   |
| Is there a policy on use of goggles?<br>Are goggles provided to each user before treatment:   | Yes / No  |
| Are contact surfaces cleaned and disinfected after each session?<br>By client? <span style="margin-left: 200px;">By staff?</span>   |   |
| Cleaning product used:<br>Does it need dilution?  |   |
| <b>Client Checklist</b>   |   |
| This may be used as a prompt for staff<br><ul style="list-style-type: none"> <li>▪ Have you assessed your clients Skin type?(circle)</li> <li>▪ Have you informed the client who should not use UV Tanning Equipment?<br/>(i.e. fair or sensitive skins; freckles; moles; history of sunburn; family history of skin cancer).</li> <li>▪ Have you informed the client of the short term damaging effects of UV radiation? (circle):</li> <li>▪ Have you informed the client of the long term health risks? (circle):</li> </ul> | I; II; III; IV; V; VI<br><br>Yes / No<br><br>Sunburn; dry skin; skin rash; eye irritation<br><br>Premature ageing of skin; skin cancer; increased cataract risk |
| Have you drawn the client's attention to HSE information displayed near UV equipment?   | Yes / No  |
| Have you informed clients with long hair of the dangers from ceiling fans in stand up booths?   | Yes / No  |
| Has the client read, understood and signed a medical questionnaire before beginning treatment?  | Yes / No  |
| Have you updated the client session records (if applicable)?  | Yes / No  |

**Your UV tanning Equipment** (Copy as required)

Horizontal / Vertical (circle)

No:

Location:

Make & Model:

UV Type:

(1-4) on equipment:

Power Output (BEAB approved):

Supplied New or date of manufacture:

With manufacturers instructions:

Horizontal / Vertical (circle)

No:

Location:

Make & Model:

UV Type:

(1-4) on equipment:

Power Output (BEAB approved):

Supplied New or date of manufacture:

With manufacturers instructions:

Horizontal / Vertical (circle)

No:

Location:

Make & Model:

UV Type:

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Location:

Make & Model:

UV Type:

(1-4) on equipment:

Power Output (BEAB approved):

Supplied New or date of manufacture:

With manufacturers instructions:

Horizontal / Vertical (circle)

No:

Location:

Make & Model:

UV Type:

(1-4) on equipment:

Power Output (BEAB approved):

Supplied New or date of manufacture:

With manufacturers instructions:

| Do you keep photo's of the booths?   | Yes / No                   |
|--|----------------------------|
| Servicing and repair is carried out by?  |                            |
| Who re-tubes (if different from above)?  |                            |
| Timer Type (circle)  | <b>Coin; Token; Manual</b> |
| Timers checked for accuracy?   | Yes / No                   |
| Can user alter timer?  | Yes / No                   |
| Can the Panic Button / alarm be reached from tanning position?   | Yes / No                   |
| Escape if Power Failure e.g. can canopy be lifted quickly:   | Yes / No                   |
| Is a Residual Circuit Device (RCD) fitted?   | Yes / No                   |
| Is the on / off button easily reached from the tanning position?   | Yes / No                   |
| Are the lamps or tubes protected?  | Yes / No                   |
| Do you have individual cubicles?   | Yes / No                   |
| If you answered 'No' to the last question:<br>Are suitable screens or curtains provided between beds or booths to prevent a cumulative effect? | Yes / No                   |