



NORTH CAROLINA BOARD OF ELECTROLYSIS EXAMINERS
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2011 TREATMENT SITE INSPECTION REPORT (ELECTROLOGIST)

Name of Licensee:				License #	
Business Name:					
Business Address:					
				City:	
				ZIPCODE:	
Business Phone:		Inspection Type:		Initial ___	New office ___
				Annual ___	Re-inspect ___
<i>The Treatment Site Inspector will rate each of the following elements as PASS or FAIL by placing an "X" in the appropriate box for each inspection element. All failures will demand a re-inspection at the licensee's expense.</i>					
PART A: Failure in this section will demand a 15-day correction period					
INSPECTION ELEMENT:				PASS	FAIL
1. Use of an autoclave or dry heat sterilizer					
2. Records of repairs to autoclave or dry heat sterilizer for preceding 18 months <i>(place N/A in PASS column if no repairs in past 18 months)</i>					
3. Biological indicators used on monthly basis <u>and</u> filed permanently in a Quality Assurance File kept on premises					
4. Use of non-sterile examination gloves					
5. Use of packaged disposable probes					
6. Use of labeled Sharps container for used probes and sharp items					
PART B: Failure in this section will demand a 30-day correction period					
INSPECTION ELEMENT:				PASS	FAIL
1. Clean lab coat or scrubs worn during each treatment					
2. Pre-sterilized instruments and other items stored in a test tube or packaged					
3. Instruments cleaned prior to sterilization either ultrasonically or by hand with a germicide effective against HIV, staphylococcus, herpes, and HPV					
4. Use of treatment table or chair specifically designed for client treatment					
5. Accessible hand-washing facilities on the same floor					
6. Covered trash receptacle in the treatment room					
PART C: Failure in this section will demand a 60-day correction period					
INSPECTION ELEMENT:				PASS	FAIL
1. Properly labeled germicidal skin preparation and antiseptic product for cleansing clients' skin					
2. Clean paper or cotton towel or paper sheet to cover the treatment table that is changed after each client					
3. Circuline, halogen, or magnifying lamp (or magnifying glasses) used at the treatment site					
4. Adequate supply of cotton balls, antiseptic products, and cleaning materials					
5. Original license and current renewal certificate displayed					

Inspector's Comments:

Electrologist Signature

Date

Inspector Signature

Date

ORIGINAL – Board Copy

Yellow – Inspector Copy

Pink – Electrologist Copy