



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MESSAGE THERAPY LICENSING PROGRAM

INSPECTION REPORT FOR MESSAGE THERAPY ESTABLISHMENT

Name of Massage Establishment: _____	License Number: _____
Address: _____	Date: _____

MESSAGE ESTABLISHMENT REQUIRED LICENSURE

1. The massage establishment was open for business and operating. Yes No
 I observed the signs displaying the words "**massage**" Yes No
 If yes, please describe: _____
 I observed a price list offering massage services. Yes No
 If yes, please describe: _____
 I observed (#) _____ customer rooms containing: massage tables sheets towels
 Labeled products Unlabeled products Oils lotions
 other observations: _____ admissions: _____

2. The massage establishment is is not licensed in pursuant to **TEX. OCC. CODE §455.151(a)**
 The massage establishment's license #: _____ Expires on: _____
 The owner(s) of the massage establishment: _____

REQUIRED PUBLIC POSTINGS

3. The massage establishment publicly displayed its license. Yes No
 4. The massage establishment publicly displayed complaint information. Yes No
 5. The massage establishment publicly displayed stop human trafficking information. Yes No
 6. The massage establishment publicly displayed each massage therapists' licenses. Yes No
 7. The massage therapists' licenses have photos attached of each massage therapist. Yes No

EMPLOYEES REQUIRED LICENSURE

8. I observed the following employees present at the massage establishment while it was open for business:

Name: _____	License #: _____
If not licensed, the employed admitted: _____	
Name: _____	License #: _____
If not licensed, the employed admitted: _____	
Name: _____	License #: _____
If not licensed, the employed admitted: _____	
Name: _____	License #: _____
If not licensed, the employed admitted: _____	

RECORD KEEPING REQUIREMENTS

9. I requested the message establishment provide employee/contractor records to review. Yes No
- i. Copy of the current message therapist license for each employee/contractor. Yes No
 - ii. Proof of eligibility to work in the United States for each employee/contractor. Yes No
 - iii. Completed I-9 for each employee or for each contractor copy of the contract. Yes No
10. I observed client's billing records Yes No
Describe: _____
11. I observed **blank** initial client consultation documents at the massage establishment. Yes No
- I observed **completed** initial client consultation documents at the massage establishment. Yes No
 - The completed initial client consultation documents are **stored**: _____
 - The initial client consultation documents contained the **required documentation**:
 - i. Lists type of massage therapy services or techniques during session. Yes No
 - ii. List parts of the client's body that will be massaged or the areas to be avoided during the session, including indications and contraindications Yes No
 - iii. Statement: "The licensee shall drape the breasts of all female clients and not engage in breast massage of female clients unless the client gives written consent before each session involving breast massage." Yes No
 - iv. Statement: "Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients." Yes No
 - v. Statement: "If the client is uncomfortable for any reason, the client may ask the licensee to end the massage, and the licensee will end the session." Yes No
 - vi. Statement: "The licensee may end the massage session if the licensee feels uncomfortable for any reason." Yes No
 - vii. Statement: "The licensee must immediately end the massage session if a client initiates any verbal or physical contact that is sexual in nature." Yes No
 - viii. Signature of both the client and the licensee Yes No

PROHIBITED LIVING AT MASSAGE ESTABLISHMENT

12. I observed individual(s) residing/living at the message establishment. Yes No
- _____ Admitted to living at the massage establishment: _____
 - In the bedroom I observed _____ bed(s) with: sheets blankets pillows
 other: _____
 - On the premises, I observed:
 - clothing luggage suitcases containing clothing dresser with clothing
 - medications toiletries personal hygiene supplies other: _____
 - In the kitchen area I observed: refrigerator filled with groceries food stove
 microwave hot plate rice cooker crock pot cookware
 other: _____
 - In the restroom I observed: shower other: _____
13. I observed the sleeping quarters **are** **are not** separated by a solid wall with **locked** **unlocked** door while the massage establishment was open for business.

PROHIBITED ILLICIT MASSAGE ACTIVITIES

14. I observed _____ wearing _____ revealing his/her
 breast chest buttocks genital area gluteal cleavage other: _____
I observed _____ wearing _____ revealing his/her
 breast chest buttocks genital area gluteal cleavage other: _____
15. I observed sexual paraphernalia on the massage establishment's premises including:
 lingerie bras panties
 new condoms used condoms sexual lubricant (Astroglide, K-Y, etc)
 erotic imagery depicting: _____ other: _____

REQUIRED STATE AND LOCAL SANITARY/HEALTH CODES

16. The massage establishment was clean, sanitary, and in good repair. Yes No
• If not please describe: _____
17. The massage establishment's equipment is cleaned on a routine basis. Yes No
• If not please describe: _____
18. The massage establishment uses clean sheets on each client. Yes No
• If not please describe: _____
19. The massage establishment's oils are kept in closed containers. Yes No
• If not please describe: _____
20. The massage establishment's bathroom is clean and working. Yes No
• If not please describe: _____
21. The massage establishment's bathroom is used as storage areas. Yes No
• If yes please describe: _____
22. The massage establishment's hand washing facility has hot/cold water, soap, and hot air blowers/holders with sanitary towels. Yes No
• If not please describe: _____
23. The massage establishment's trash is emptied daily, and the receptacles are kept clean. Yes No
• If not please describe: _____
24. The massage establishment disposes of disposable sheet and/or face cradles immediately after use. Yes No
• If not please describe: _____
25. The massage establishment's soiled sheets and towels are discarded in partially closed receptable and not used again until laundered. Yes No
• If not please describe: _____

ADDITIONAL OBSERVATIONS/ADMISSIONS/COMMENTS

ACKNOWLEDGEMENT

I certify that the contents of this report have been discussed with me and it accurately reflects the answers I gave to the questions I was asked by the inspector.

This document lists observations made by the TDLR representative(s) or a law enforcement officer during the inspection of your facility and may not be an exhaustive listing of objectionable conditions. They are inspectional observations, and do not represent a final agency or the law enforcement officer's determination regarding your compliance.

Name of Owner/Representative

Signature of Owner/Representative

Date and time of Inspection:

Date

Start Time

End Time

Name of Inspector

Signature of Inspector