Cheyenne Laramie County Public Health

Environmental Health
100 Central Ave
Cheyenne, WY 82007
Phone: (307) 633-4090
Email: envhlth@laramiecountywy.gov

Massage Establishment Plan Review Packet

The following are REQUIRED* to complete your review:

- ☐ Floor plan:
    - Floor plan must show location of all hand sinks, bathrooms, massage rooms, and waiting area (if applicable).
- ☐ Completed plan review packet (below) including attachments where required.
- ☐ Copy of client intake form
- ☐ List of prices and services posted for clients
- ☐ Fee

*The plans will not be reviewed until the listed items are submitted.

This plan review will be viable for 12 months past the date of review. After the expiration date, a new plan review and the appropriate fee must be resubmitted.

FACILITY INFORMATION (PLEASE PRINT):

Establishment Name: _____

Establishment Address: _____

Mailing Address: _____

Establishment Phone Number: _____

Email Address: _____

OWNER INFORMATION (PLEASE PRINT):

Contact person: _____

Contact Email: _____

Contact Phone Number: _____

Owner Name: _____

Owner Address: _____

Owner Phone Number: _____

Owner Email: _____

Is this plan review for a new establishment or remodel of an existing establishment?

- ☐ NEW ESTABLISHMENT $277 + $87/hour for additional time over 2 hours spent on plan review
- ☐ REMODEL $190 + $87/hour for additional time over 2 hours spent on plan review

A. Massage Rooms

Will the massage room(s) be private or in common area (must be fully clothed)?

_____

How many massage rooms will be located in this establishment?

_____

Will the facility have a bathroom?

☐ Yes ☐ No

B. Water Supply and Sewage Disposal (Choose one):

Water Supply (Choose one):

☐ Public – Name: _____

☐ Private Well
Bacteriological Sample Date (required every 6 months): _____

Sewage Disposal (Choose one):

☐ Public – Name: _____

☐ Onsite Wastewater Treatment System (Septic system) Attach site map at end of form. System must be evaluated by an engineer to determine if additional capacity is necessary. Letter from engineer must be attached at end of form. If additional capacity is required, a small wastewater permit is required.

C. Business Operations

Where will client records be kept?

_____

D. Sterilization and Cleaning

What type of sanitizer will be used?

_____

How will dirty sheets, towels, robes etc. be stored and washed?

_____

How often will sheets, towels, robes, etc. be washed?

_____

E. Equipment

Will all tables/chairs be smooth, easily cleanable and in good repair?

☐ Yes ☐ No

What is the weight limit of each table/chair?

_____

_____

Will heating pads be used?

☐ Yes ☐ No

If yes, will the heating pads be covered?

☐ Yes ☐ No

If yes, will heating pads be sanitized between clients?

☐ Yes ☐ No

FACILITIES:

Room Name	Floors			Walls		Ceiling	
	Material	Finish	Cove	Material	Finish	Material	Finish
Waiting Area							
Massage Rooms							
Storage Area							
Restrooms							
Garbage & Refuse Area							
Other							

PLUMBING:

Type	Number of Fixtures	Location
Massage Room Hand Sinks		
Bathroom Hand Sink(s)		
Mop Sink		

Attach:

- ☐ Floor plan
- ☐ Copy of client intake form
- ☐ List of prices and services offered
- ☐ Septic system site map (if required)
- ☐ Engineer letter (if required)