



Spa Services Questionnaire

Innkeepers Insurance Program Spa Services Questionnaire

Name of Inn _____

Address _____

Owners Name _____

SECTION I:

Please complete the projected annual sales and indicate the party performing the service. If a service is offered that is not listed, please add the service.

Service	Annual Sales	Who's Performing the Service?		
		Owner	Employee	Contractor
Massages				
Manicures & Pedicures				
Waxing				
Cosmetic Facials & Make-up Application				
Hair Cutting &/or Coloring				
Pilates				
Yoga				
Group General Nutrition Seminars				
Body Wraps				
Skin Care & Exfoliating Facials				
Chemical Peels (acidity <30%)				
Hydrotherapy Treatments				
Mud Baths &/or Hot Spring Treatments				
Microdermabrasion				
Electrolysis/Laser Hair Removal				
Aerobic Classes &/or Weight Training				

SECTION II:

1. What is the Percentage of walk-in day spa users vs. lodging guest spa users?

Day Spa Use% _____ Lodging Guests Spa Use % _____

2. Have there been any professional spa services liability losses in the past three years? Yes No

If yes, please explain _____

3. Are certification/licenses obtained from every employee and independent contractor? Yes No

If no, please explain _____

4. Do customers complete a health history questionnaire & sign a waiver before services are preformed? *Please provide a copy of the waiver.* Yes No

5. Are clients 18 years of age and younger required to have a consent form completed and signed by a parent or guardian?

Yes No N/A *Checking "N/A" indicates you do not offer massages to anyone under the age of 18.*

6. Do aerobic & weight-training instructors have separate professional liability insurance in place? Yes No N/A

7. Are medical massages performed? Yes No

8. Are deep tissue prenatal massages performed? Yes No

9. Are portable tables inspected prior to each use? Yes No N/A

10. Are all body contact supplies sanitized after each use? Yes No N/A

If N/A was selected; please explain why this procedure is not applicable. _____

11. Is non-disposable equipment sterilized after each use? Yes No N/A

If N/A was selected; please explain why this procedure is not applicable. _____

12. Are acupuncture techniques performed? Yes No

13. Are botox injections performed? Yes No

14. Is ear candling, ear coning or thermal-auricular therapy performed? Yes No

15. Is body piercing and/or ear piercing performed? Yes No

16. Is eyelash or eyebrow tinting performed? Yes No

17. Is face lifting or any type of plastic surgery performed? Yes No

18. Are general dermatological services including but not limited to the removal of warts, moles or any other growth performed?
 Yes No
19. Is any hair implanting, hair transplanting or hair replacement performed? Yes No
20. Is naturopathy or neuropathy performed? Yes No
21. Are nutritional counseling, weight loss or diet services offered? Yes No
22. Are dietary supplements or herbal mixture products produced, sold or distributed? Yes No
23. Are podiatry services performed? Yes No
24. Are chiropractic services performed? Yes No
25. Is psychological counseling offered? Yes No
26. Is tattooing, branding or permanent make-up operations of any kind performed? Yes No
27. Are beauty, cosmetic, health, herbal or dietary goods or supplemental products repackaged, sold, or manufactured?
 Yes No If yes, please describe _____

Please note, this does not apply to soaps, shampoos, and body lotions obtained from a vendor labeled with the Inns name.

28. Are restylane injections performed? Yes No
29. Are any schelerotherapy services provided? Yes No
30. Are all flammable solutions/ products stored away from heat sources? Yes No
31. Are all toxic chemicals securely stored away from the access of customers? Yes No
32. Are tanning beds, tanning booths, or any other tanning devices provided? Yes No
- a) How many tanning beds, booths, or devices do you have? _____
- b) Are tanning beds cleaned after each use? Yes No
- c) Is protective eyewear provided & required to be worn by each person tanning? Yes No _____
- d) Are bed controls/timers accessible to and operated by trained staff? Yes No
- e) Are FDA Warnings posted? Yes No

By signing below, you are agreeing that all of the above information is true.

 Signature of Owner

 Date

 Name of Inn