



# County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH  
FOOD AND HOUSING DIVISION

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## Massage Facility Plan Check - Plan Checklist

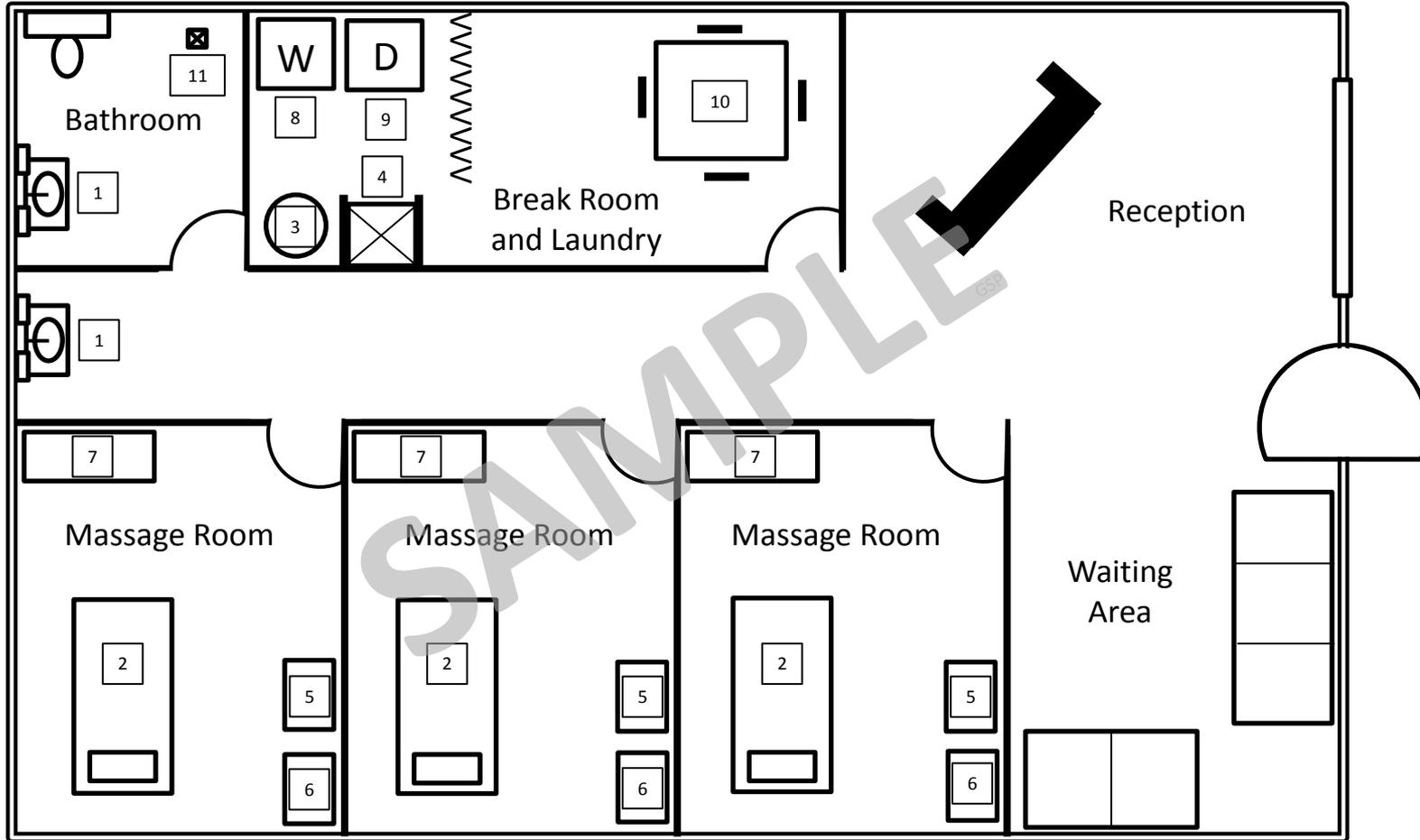
This checklist will help you prepare the plan submission for your massage facility. Ensure that the items listed below are clearly shown on the plans. Plans must include a floor plan of the layout drawn to scale. Indicate the scale that you used to draw your plans, for example: 1/4" = 1 ft. The city where you plan to operate your establishment may also have additional requirements than the items listed below.

### ✓ Check the following items as you include them on the plans

- \_\_\_\_\_ 1 **Location:** Indicate the name and address of the facility.
- \_\_\_\_\_ 2 **Owner:** Indicate the name and contact number of the owner.
- \_\_\_\_\_ 3 **Rooms:** Identify all rooms in the facility including restroom, treatment room, waiting areas, etc.
- \_\_\_\_\_ 4 **FINISH SCHEDULE:** List the finish materials for the floors, cove base, and walls in the procedure areas, shower rooms, steam room, laundry area, and restroom. The cove base must have a minimum radius of 3/8" and walls must be smooth and waterproof in all toilet, bath, and shower rooms.
- \_\_\_\_\_ 5 **WATER HEATER:** List the make, model number, energy input in BTU/KW, and location of the water heater.
- \_\_\_\_\_ 6 **HAND SINK:** Indicate the location of the hard-plumbed hand sink outside the restroom for therapist's use. If a central hand sink is not available, a hand sink must be provided in each massage room. Show the location of soap and paper towel dispensers for all hand sinks.
- \_\_\_\_\_ 7 **RESTROOM:** Indicate the location of the restroom for employee and customers use. Indicate whether it has an exhaust fan or a widow with screen that can be opened for ventilation.
- \_\_\_\_\_ 8 **Equipment:** Show the locations of all treatment tables, counters, clean and dirty linen cabinets, laundry machines, and showers, if applicable. List the finish materials for all equipment (e.g. stainless steel, vinyl, etc.)
- \_\_\_\_\_ 9 **MOP SINK OR CLEANING METHOD:** Show the location of mop sink or provide a standard operating procedure for the proposed floor disinfection method. The mop sink faucet is required to have an atmospheric vacuum breaker.
- \_\_\_\_\_ 10 **Separation:** Show on the plans that the waiting area is separate from the procedure area.

*"Environmental and public health through leadership, partnership, and science."*

¼" - 1 Foot



Facility Name and Address  
 Owner Name  
 Owner Contact Phone #

- 1. Hand sink w/ soap and paper towels in dispensers
- 2. Vinyl massage table
- 3. Water heater- Make and Model # \_\_\_\_\_
- 4. Mop sink
- 5. Dirty linen storage
- 6. Clean linen storage
- 7. Sealed wood counter
- 8. Washer- Make and Model # \_\_\_\_\_
- 9. Dryer- Make and Model # \_\_\_\_\_
- 10. Break table
- 11. Ventilation fan

**NOTE: Not all items are required. Refer to Massage Check List for more information.**

Finish Schedule	Floor	Walls	Cove base
Massage Rooms	Linoleum	Semi-gloss paint	Vinyl
Break room/Laundry	Sheet vinyl	Semi-gloss paint; FRP by mop sink	Integral sheet vinyl
Bathroom	Ceramic tile	Ceramic tile	Ceramic tile with 3/8" radius
Waiting Area/Hallway/Reception	Carpet	Semi-gloss paint	Vinyl