Massage Establishment Log of Massage Therapy Administered

Establishment Name: _____ **Address:** _____ **Permit No.:** _____

Date	Time	Type of Massage Therapy Administered	Name of Therapist (First and Last)	Client's Name (First and Last)	Client's Complete Address
	AM PM				
	AM PM				
	AM PM				
	AM PM				
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Pursuant to Section 17-7 of the City of Chandler Code, Massage Establishments shall maintain at the Massage Establishment a current log of all massage therapy administered at the Massage Establishment. The log shall at all times reflect the massages administered for the previous one year and shall be subject to inspection by City personnel upon request.