

Clean air massage clinic register

Please complete the fillable table below to be considered for inclusion on AMT's Clean Air Massage Clinic Register and/or across AMT's social media channels.

Name:

AMT member no:

Clinic name and address:

Website:

Social media handles					
Facebook:		Twitter:		Instagram:	
Which of the following are you doing to provide clean air in your clinic?					
Monitoring CO ₂	Yes	No	Target (max) CO ₂ threshold in ppm		
HEPA filtering	Yes	No	Air exchanger per hour		
Natural ventilation	Yes	No	No. of large open windows / doors		
Ventilation breaks	Yes	No	Time between clients in minutes		
Respirator masking (P2, N95 etc)	Yes	No	Are clients also required to use a respirator mask?		Yes No

Please provide a brief description of how you are ensuring clean air in your clinic space:

I declare the information provided above to be true and correct and

- I give AMT permission to share my clinic details and any images I provide on AMT's social media channels Yes No
- I give AMT permission to publish my clinic details on the AMT website Yes No

I understand that I can request to have my details removed at any time.

Signature:

Date:

Please return this form to info@amt.org.au along with a high-resolution image of your clinic space.

