様式第1号(第2条関係) **（柔整用）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 施術所開設届出書  　　　　　　年　　　月　　　日  　大阪府知事　　　　　　　　　様  施術所の開設者　住　所  氏　名  　　　　　年　　　月　　　日生  　下記のとおり施術所を開設しました。  記   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | １． | 施術所の名称 |  | | | | | | | | | ２． | 開設の場所  及 び  電話番号 | 〒 |  | | | | | | | |  | | | | | | | | | 電話番号 | | （　　　　　） | | | | | | | ３． | 開設年月日 | 年　　　　月　　　　日 | | | | | | | | | ４． | 業務の種類  （当てはまるものに○） | 柔道整復 | | | | | | | | | ５． | 業務に従事する柔道整復師の氏名 |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | ６． | 構造設備の概要 | 施術室 | | |  | ㎡ | 待合室 |  | ㎡ |  |  | | 外気開放面積 | | |  | ㎡ |  | | | | 換気設備 | | | 有 ・ 無 | | | ７． | 施術に用いる器具及 び  消毒設備の概要 | ベッド | | |  | 台 |  | | | | 消毒設備の内容 | | |  | | | | | | その他 | | |  | | | | |   添付書類 : 1　業務に従事する柔道整復師の免許証の写し  　　　　　 2　施術所の平面図  　　　　　 3　周囲の見取図 |

※開設者（法人を除く）及び業務に従事する施術者の本人確認書類（運転免許証等）の

※保健所受付印

　写しも併せてご提出ください。

※「添付書類1」及び「開設者（法人を除く）及び業務に従事する施術者の本人確認書類

　（運転免許証等）」は、窓口にて原本の提示をお願いします。

※健康被害を防ぐため、府条例に基づき、記載内容の一部を公開する場合があります。