



# Town of East Hartford Health Department

## SALON INSPECTION FORM

Name of facility:		Date:	
Owner / Operator:		Address:	
<input type="checkbox"/> Inspection	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Complaint	<input type="checkbox"/> Pre-Operational

### SERVICES PROVIDED:

<input type="checkbox"/> Hair	<input type="checkbox"/> Nails	<input type="checkbox"/> Eyelash extensions
<input type="checkbox"/> Esthetics (facials, skin treatments, waxing, body treatments)		<input type="checkbox"/> Other:

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
<b>A. SANITARY CONDITION / INFECTION CONTROL</b>			
1. Proper PPE / Glove use observed			
2. Covered receptacle for hair, skin, or nail debris/separate receptacle for towels/linen			
3. Proper disinfection of re-usable equipment, implements & fingerbowls after each client			
4. Work areas/surfaces cleaned with hospital-grade disinfectant after each client			
5. Availability of hand sinks in all service areas			
6. No re-use of single-use implements (discarded after each use)			
7. Pedicure basins are cleaned & sanitized after each client			
8. Technician/Customer with infection prohibited			
<b>B. CUSTOMER PROTECTION</b>			
1. Hands washed with soap & water between clients			
2. Soap & towels provided			
3. Products stored in labeled containers with directions of use			
4. Prohibited items not in use			
5. Clean outer garments, good hygienic practices, no smoking or eating			
6. Separate sink provided for instrument cleaning			
7. Disinfected utensils/tools stored in sanitary covered containers			
8. Sanitary paper strip of clean towel placed around neck before reusable cape			

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
<b>C. LICENSURE</b>			
1. Establishment permit/license displayed			
2. Individual performing work licensed, license onsite for review			
<b>D. FACILITY</b>			
1. Hot/Cold water available, adequate & safe			
2. Approved method of waste water and sewage disposal			
3. Adequate ventilation			
4. Floors/wall/ceilings are clean and in good repair			
5. Laundry properly cleaned, sanitized and stored			
6. Garbage receptacles maintained (inside and outside)			
7. Proper storage of supplies & chemicals			
8. Adequate lighting provided as required			
9. No animals or pets in establishment (service animals ONLY)			
10. Work area separate from private home			
<b>E. RESTROOMS</b>			
1. Accessible, sanitary, clean & in good repair, separate hand sink available			
2. Liquid soap dispenser & paper towels or air dryer and a clean covered waste container provided			

**Note: Those violations highlighted in red represent a significant risk to public health and must be corrected immediately.**

Disinfection method for tools, equipment, implements & towels: \_\_\_\_\_

Inspection Outcome:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	Re-Inspection Date:
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Comments: \_\_\_\_\_

Sanitarian: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_