

DOEHRS-IH EHM: BEAUTY / BARBER SHOP SANITATION REPORT

1. FACILITY NAME:		2. FACILITY ADDRESS:		3. INSTALLATION:		4. START DATE (YYYYMMDD):		TIME: (HH:MM)	
						5. END DATE (YYYYMMDD):		TIME: (HH:MM)	
6. INSPECTOR (Surveyor)	a. Name (Last, First, M.) and Rank:			b. Phone:	c. Email:		d. Unit/Organization:		
7. PERSON IN CHARGE (PIC)	a. Name (Last, First, M.):			b. Phone:	c. Email:				
8. CONTRACTOR OPERATED (Select one)		Yes	No	9. SHOP TYPE (Select one)	a. Barber Shop	b. Beauty Shop	c. Other (Specify):		
10. INSPECTION TYPE (Select one)		a. Routine	b. Follow-Up	c. Complaint	d. Pre-Opening	e. Other (Specify):			

Item	Employee Hygiene	Yes	No	N/A
1	Employees do not work when ill with communicable diseases (e.g., boils, skin infections, upper respiratory infections, gastral)?			
2	Current pre-employment or periodic medical examination certificates (only when required by medical authority)?			
3	Employees do not return to work after illness unless cleared by the medical authority?			
4	Clean outer smock or uniform worn?			
5	Employees smoke, eat, or drink only in designated break areas?			
6	Employee washes hands before and after working with each patron, using the restroom, performing custodial duties, eating or drinking, or smoking?			
Item	Sanitary Facilities	Yes	No	N/A
7	Not located in food service or sleeping areas?			
8	Carpeting is permitted only in customer waiting areas?			
9	Adequate hot and cold running water, adequate fixtures (hand and shampoo sinks) and waste disposal, no cross-connections?			
10	Shop area kept clean, adequately lighted and ventilated. Outside area policed?			
11	Each shop must have suitable outer garment storage facilities and supply storage cabinets?			
12	Adequate closed waste containers provided?			
13	Each station must have a covered container for disinfecting solutions?			
14	Operator's street clothing must be stored separately from that of patrons?			
15	Removal of cut hair from floor must be done frequently; floors must be washed at frequent intervals?			
Item	Instruments, Towels and Disposable	Yes	No	N/A
16	Headrest covered with clean paper or towel for each patron?			
17	Only individual freshly laundered or disposable neck strips used?			
18	Reusable haircloths kept clean and changed at least daily?			
19	No common brushes, neck dusters, shaving brushes or other similar multiuse brushes used?			
20	If synthetic hair brushes are used, are they cleaned between patrons and sanitized as required? (Neck dusters can be used if sanitized appropriately)			
Item	Sanitary Practices	Yes	No	N/A
21	Patrons with medical or suspected medical conditions (e.g. skin infections, upper respiratory illness, etc.) should be referred to the medical authority prior to services?			
22	Only approved barber and beauty supplies specified by regulation used and only for intended purpose?			
23	Persons with known or suspected parasitic infestations not served?			
24	If permitted by medical authorities, only disposable, single-use razors are used for shaving?			
Item	Disinfection/Sanitation of Instruments	Yes	No	N/A
25	Instruments cleaned and sanitized between patrons?			

Item	Disinfection/Sanitation of Instruments	Yes	No	N/A
26	Hair removed from clippers between patrons?			
27	Non-removable clipper heads must be wiped or dusted and sprayed with an approved disinfecting spray between patrons?			
28	Clean and disinfect manicure and pedicure instruments after each patron?			
29	Instruments disinfected immediately after use in event skin inflammation lesions are discovered on patron being served?			
30	Instruments disinfected at close of each day of operation?			
31	Only approved disinfectants used; disinfectants used in accordance with label instructions?			
32	Fresh disinfectant/sanitizing solution prepared at least daily?			
33	All non-electrical instruments rinsed with potable water after disinfecting?			
Item	Posting of Regulation	Yes	No	N/A
34	Sanitary regulations posted in public view?			
Item	Waxing/Tweezing/Plucking/Threading	Yes	No	N/A
35	Employee asks each patron requesting waxing, tweezing, or threading if he or she has diabetes, circulatory problems, or is highly susceptible to infections or unusually sensitive to waxing, tweezing, or threading prior to agreeing to services?			
36	Employee checks for sensitivity to waxing prior to beginning the waxing procedure?			
37	Waxes not used over varicose veins, moles, or warts?			
38	Waxes not used on eyelashes, inside nose or ears, on the nipples or genital areas, or on irritated, chapped, sunburned, or cut skin?			
39	Use of glucose (water soluble) wax is prohibited?			
40	Hot wax heated to 257 deg. F (125 deg. C)?			
41	Hot wax not reused after it comes in contact with patron's skin?			
42	Oil-based strip (soft) wax not reused?			
43	Employee washes hands before and between each patron?			
44	Gloves worn at all times when performing waxing, tweezing, or threading?			
45	Gloves disposed of after each patron?			
46	Only approved disinfectants used to disinfect headrest of chairs used for waxing, tweezing, or threading procedures?			
47	Approved skin disinfectant used on area treated by tweezing, waxing, or threading?			
48	Tweezers cleaned and sanitized between patrons using approved chemical disinfectant?			
49	Clean, single-use paper towel used to blot any blood?			
50	All equipment used for tweezing, waxing, and threading procedures cleaned and disinfected?			
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11. OVERALL REMARKS (describe individual Item deficiencies here)

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12. INSPECTION RATING	Satisfactory	Unsatisfactory	13. FOLLOW-UP REQUIRED	Yes	No	14. FOLLOW UP NLT DATE: (YYYYMMDD)	
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15. SIGNATURE: Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and date scheduled for follow-up inspection (unsatisfactory inspections only).

a. Inspector Signature		b. DATE (YYYYMMDD):
c. Person In Charge Signature		d. DATE (YYYYMMDD):