



# TOWN OF WESTBROOK

## HEALTH DEPARTMENT

866 BOSTON POST ROAD  
WESTBROOK, CONNECTICUT 06498

(860) 399-9869 • Fax (860) 399-2084

### Salon/Barber Shop Inspection Form

Name of Facility:	Date:
Owner/Operator:	Address:

Inspection     
  Re-Inspection     
  Complaint     
  Pre-Operational

**Services provided:**

- Hair     
  Nails     
  Esthetics (facials, skin treatments, waxing, body treatments)  
 Eyelash extensions     
  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 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 a sanitary covered containers			
8. Sanitary paper strip or 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:

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Inspection Outcome:   
 Satisfactory     
 Unsatisfactory     
 Re-Inspection Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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

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