

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: A + Nails + Spa

Address: 448 Providence St.

Town: Putnam

No. of Chairs: Hair 5 Nails 5

<input checked="" type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe..... Public
 2. Approved method of sewage disposal..... Public
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance..... N/A
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood.....
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.....
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.....
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited.....

Comments:

Did not hot water Plumbing
some hot water is available
in other sinks

Date of Inspection: 5/20/17 Time: 3:50

Signature of Sanitarian

Date of Required Compliance: _____
Anker Pajevan
Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Am Nails & Spa
Town: Painfield

Address: 82 Prospect St.
No. of Chairs: Hair _____ Nails 1 nail
2 pedic

<input checked="" type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>Waxing</u>
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe.....
 2. Approved method of sewage disposal..... Public
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance..... N/A
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State..... N/A
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood.....
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs.....
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings.....
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements..... Autoclave
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.....
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.....
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited.....

Comments: Very clean!

Date of Inspection: 6/23/17 Time: _____
Jocelyn
Signature of Sanitarian

Date of Required Compliance: _____
Andres Ponce
Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Angel Nails

Address: 780 NORWICH Rd.

Town: Sainfield

No. of Chairs: Hair 1 Nails 6 mani 6 pedi

<input type="checkbox"/> Annual Inspection	<input checked="" type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other:	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe.....
 2. Approved method of sewage disposal..... Public
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance..... N/A
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State..... N/A
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood.....
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.....
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited..... Barbicide

Comments:

5.7 some debris in Ped Area
pedicure chair bowls
6.1 must be run between clients

Disinfection Procedure
Spanish x 2
Camibedia x 2

Date of Inspection: 7/12/17 Time: _____

Date of Required Compliance: _____

Signature of Sanitarian: _____

Signature of Person in Charge: _____

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Divia Nails

Address: 115 Killingly Commons

Town: Killingly

No. of Chairs: Hair _____ Nails 10

<input type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input checked="" type="checkbox"/> Other: <u>pre-op</u>	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures <u>(11) + 1 HA</u>	<input type="checkbox"/> Other <u>waxing</u>
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe.....
 2. Approved method of sewage disposal.....
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance.....
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood.....
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.....
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.....
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited.....

Comments:

4.9 unlabeled bottle in wax room
5.4 wax & popsicle stick container uncovered
*pedi basins disinfected after every customer / plastic liners used
*technicians have individual carts
*tools cleaned in auto clave
*barbride at each station
new tools & files used after each customer

* need floor plan ASAP

Date of Inspection: 2/8/17 Time: 10:30am

Date of Required Compliance: ATP

[Signature]
Signature of Sanitarian

[Signature]
Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Dolce Nails + Spa

Address: 75 Lathrop Rd.

Town: Plainfield

No. of Chairs: Hair 6pedic Nails 6manic

<input type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe..... Public
 2. Approved method of sewage disposal..... Public
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance..... W/A
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner..... Nail clippings, Dust
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood.....
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs used to Dust table top.....
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings.....
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.....
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.....
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited.....

Comments:

6.1 Pedic Chairs # 2 scrub still in Basin
5 Debris in filter # 3 Debris + Hair
in filter. (talked about checking filters)
Station # 3 used sanding bit on
electric file, OK, just finished
6.5 customer and left station for next
client @ pedi station.

Date of Inspection: 12/27/17 Time: 1:00

Date of Required Compliance: _____

 Signature of Sanitarian

 Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Image Nail

Address: 727 Norwich Road

Town: Plainfield

No. of Chairs: Hair _____ Nails _____

<input checked="" type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe.....
 2. Approved method of sewage disposal..... public
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance..... wa
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner..... n/a
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood..... liquid styptic
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.....
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited.....

Comments:

6.1 pedicure beds 4th & 5th bed unclean
clear plastic bottle between 3rd &
4.9 4th ped. bed not labeled
6.3 drawer where drill files are stored
unclean w/ nail debris
6.5 used drill bits stored w/ new bits
at manicure stations
6.2 unclean cuticle trimmers at
first manicure station
Acetone

Date of Inspection: 6/1/17 Time: 1215
 Signature of Sanitarian: [Signature] EHS/NDPH

Date of Required Compliance: ASAP
 Signature of Person in Charge: [Signature]

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Mc Nails + Spa
Town: Rutnam

Address: 2357 Kennedy Dr.
No. of Chairs: Hair _____ Nails 11 pedic chairs / 10 manic chairs

<input type="checkbox"/> Annual Inspection	<input checked="" type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe..... Public
 2. Approved method of sewage disposal..... Public
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance..... N/A
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood.....
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.....
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited.....

Comments:
61 Pedic chairs are cleaned after each customer & water filled with water and tabled in tub after each customer.

Date of Inspection: 7/20/17 Time: 12:43

 Signature of Sanitarian

Date of Required Compliance: _____

 Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: MD Nails

Address: 608 School St.

Town: Putnam

No. of Chairs: Hair 8 Nails 8

<input type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input checked="" type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>wax</u>
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe. Public
 2. Approved method of sewage disposal. Public
 3. No potential cross connection or back siphonage.
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.
 2. Hot and cold water under pressure, provided as required.
 3. Soap in dispensers and single-service paper towels provided.
 4. Covered refuse containers provided, clean.
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.
 2. Residential Salon - living quarters are separate. Salon has own entrance.
 3. Floors, walls and ceilings properly constructed and in good repair.
 4. Adequate lighting provided as required.
 5. Adequate ventilation, no excess heat or odors.
 6. Outside disposal area clean.
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.
 8. No animals / pets.
 9. Aisles/work spaces properly maintained.

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.
 2. Hair clippings removed frequently and in proper manner.
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.
 4. Shaker-top container used for dispensing lotion or powders.
 5. Alum or other material available to stop the flow of blood.
 6. Clean outer garments and hygienic practices.
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs.
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings.
 9. All chemical containers are properly labeled.

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.
 2. Equipment/utensils used are cleaned and disinfected after each customer.
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.
 4. Disinfected utensils kept in sanitary covered containers when not in use.
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.
 3. Manicure table and surrounding areas maintained in a sanitary condition.
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.
 6. EPA Registered hospital disinfectant available at each station.
 7. Razors & Credo blades prohibited.

Comments:

6.5 used sandy blocks in pedi carts

5.2 med Barbicide waxing station

Date of Inspection: 7/20/17 Time: _____

Date of Required Compliance: _____

Signature of Sanitarian

Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Nail Arts

Address: 83 Westcott Road

Town: Killingly

No. of Chairs: Hair _____ Nails _____

<input checked="" type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures <u>3</u>	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input checked="" type="checkbox"/> Nails <u>4</u>	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe.....
 2. Approved method of sewage disposal..... *public*
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance..... *via*
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood..... *liquid styptic*
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer..... *autoclave*
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements..... *barbicide*
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris..... *pedi-clear*
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.....
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client..... *clients have indiv. boxes*
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited..... *barbicide*

Comments:

clients have boxes w/ files
beds cleaned after each client & at end of day
waxing → eyebrow, etc!

Date of Inspection: 6/7/17 Time: 12:00p

Date of Required Compliance: ASAP

[Signature]
Signature of Sanitarian

[Signature]
Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Nail Envy
Town: Killingly

Address: 547 Hartford Pike
No. of Chairs: Hair _____ Nails 5 beds pedi 8 mani stations

<input checked="" type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe.....
 2. Approved method of sewage disposal..... *public*
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance..... *nta*
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood.....
 6. Clean outer garments and hygienic practices..... *liquid styptic*
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client.....
 6. EPA Registered hospital disinfectant available at each station..... *clean tools in wash room*
 7. Razors & Credo blades prohibited.....

Comments:
4.9 pink liquid bottle not labeled at pedicure cart
6.5 buffer & nail file @ pedi cart far right
unclean nail ~~brush~~ ~~brush~~ small
5.2 scissors in container w/other clean tools in wax room

Date of Inspection: 12/6/17 Time: 12 p
 Signature of Sanitarian: [Signature]

Date of Required Compliance: ASAP
 Signature of Person in Charge: [Signature]

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Selina Nails
Town: Plainfield

Address: 72 Prospect St.
No. of Chairs: Hair _____ Nails 1 mani 2 pedi

<input checked="" type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input checked="" type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input checked="" type="checkbox"/> Nails	

Based on an inspection this day, the items circled below identify violations of the *Northeast District Department of Health Barbershops, Hairdressing and Cosmetology Shops Ordinance*, which must be corrected by the date specified.

1. **WATER/SEPTIC**
 1. Water supply adequate, safe.....
 2. Approved method of sewage disposal..... Public
 3. No potential cross connection or back siphonage.....
2. **RESTROOMS**
 1. Toilets and washbasins fixtures are clean and in good repair.....
 2. Hot and cold water under pressure, provided as required.....
 3. Soap in dispensers and single-service paper towels provided.....
 4. Covered refuse containers provided, clean.....
3. **PHYSICAL BUILDING CONDITION**
 1. Permit properly displayed.....
 2. Residential Salon - living quarters are separate. Salon has own entrance.....
 3. Floors, walls and ceilings properly constructed and in good repair.....
 4. Adequate lighting provided as required.....
 5. Adequate ventilation, no excess heat or odors.....
 6. Outside disposal area clean.....
 7. No foods or beverages prepared, stored, or sold on premises unless permitted.....
 8. No animals / pets.....
 9. Aisles/work spaces properly maintained.....

4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 4. Shaker-top container used for dispensing lotion or powders.....
 5. Alum or other material available to stop the flow of blood.....
 6. Clean outer garments and hygienic practices.....
 7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs.....
 8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings.....
 9. All chemical containers are properly labeled.....

5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils kept in sanitary covered containers when not in use.....
 5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only.....

6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained in a sanitary condition.....
 4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client.....
 5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client..... own boxes
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited.....

Comments: Very clean!

Date of Inspection: 6/21/17 Time: _____
Signature of Sanitarian: _____

Date of Required Compliance: _____
Signature of Person in Charge: _____