

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: A + Nails + Spa

Address: 148 Providence St.

Town: Putnam

No. of Chairs: Hair _____ Nails 6

<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.....
 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..... *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:

owner here by his self today has not had time to clean out carts

All Pedicure - Electric file use But on filing tool. Does use 2 used Buffer Block + file. new files

Brushes in Barbicide at Heavy customer

sink need to be completely covered in Barbicide. supply of files in

2.5 Not Hot water in Bathroom draws. manicure table Draws need to be cleaned of Nail clippings + debris.

Date of Inspection: 3/16/18 Time: _____

Date of Required Compliance: _____

Signature of Sanitarian

Arnell Jones

Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: A.M. Nails & Spa

Address: 82 Prospect Street

Town: Plainfield

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..... see test
 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:

A covered wastebasket needed in restroom

very clean

Date of Inspection: 6/19/18 Time: 1238

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: Diva Nails

Address: 1115 Killingly Commons

Town: Killingly

No. of Chairs: Hair _____ Nails 8 mani 10 pedi + kid

<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.....
 6. EPA Registered hospital disinfectant available at each station.....
 7. Razors & Credo blades prohibited.....

Comments:

4.9 clear plastic bottle unlabeled mani station #7
6.5 buffer file used on all sides kept in drawer @ mani station #1
5.2 multiple unclean tools in drawers @ wax station
4.9 unlabeled bottles in wax room

Date of Inspection: 6/20/18 Time: 1250

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: Image Nail
Town: Plainfield

Address: 727 Norwich Road
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.....
 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 green scrub bottle @ pedi cart
4-5 used file bit on drill in pedi cart by 1st chair
4-9 unlabeled clear bottle @ middle manicure station
individual boxes for customers

Date of Inspection: 6/19/18 Time: 11:15
Signature of Sanitarian: [Signature] EHS/NOBH

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



Name: Mc Nails

Address: 235 B Kennedy Dr.

Town: Putnam

Barbershop/ Hair Salon
 Nail Salon (#of stations 11)
 Independent Contractor

Based on an inspection, the items circled below identify violations of the Northeast District Department of Health Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa Ordinance.

Note: Passing score is 80 with no 5 point violations. Violations must be corrected by the date specified.

WATER SUPPLY/PLUMBING/SEWAGE DISPOSAL		
1.1.a	Water supply-adequate, hot & cold under pressure	5
1.1.c	Sewage disposal approved method	5
1.1.d	No potential back siphonage or cross connections	5

INDIVIDUAL STATIONS		
5.1.a.b	Permit properly displayed	5
CT. State Lic. # _____ Exp. Date: _____		
2.5.g	EPA registered disinfectant available at each station or approved location	2
2.5.l	Lotions and powders are self-dispensing	2
2.5.o	All products containers are labeled	2
2.5.i	Sanitary paper strips or clean cloth placed around the neck before protective cape	2
2.6.a	Hand washing between each customer, eating, smoking and immediately after using the toilet	3
2.6.b	Clean outer garments	1
2.5.f	Equipment and utensils are cleaned and disinfected after each customer	5
2.5.e	Disinfected and single use items are stored in a sanitary covered container when not in use	2
2.5.h	Single use items such as emery boards, disposable files and sanding bands from electric file mandrels are discarded after each customer	5
2.2	Foot spas are properly cleaned and sanitized between each customer	5
2.3	Foot spas are properly cleaned and sanitized at the end of each day. Drains and screens free of debris	5
3.3.a	No food or beverages prepared, stored, or sold on the premises unless permitted	2
3.2.a	No animals or pets in service area	2
3.1.a	Use of prohibited items	5
3.1.c	Materials to stop blood flow	2

TOILET FACILITIES		
1.5.a	Toilets and washbasins are clean and in good repair	4
1.5.b	Hot and cold running water under adequate pressure	5
1.5.c	Soap and single service paper towels provided	3
1.5.d	Covered waste receptacle provided	2

PHYSICAL BUILDING		
4.1.a	Residential establishment with own entrance separate from living area	3
1.2.a	Floors and walls clean and in good repair	1
1.2.d	Ceiling clean and in good repair	1
2.5.c	Attached equipment and fixtures are properly constructed and maintained clean and free of debris	1
2.5.c	Cabinets, shelves, furniture and shampoo basins free of dust, dirt and debris	1
1.3.a	Adequate lighting	1
1.3.b	Adequate ventilation	1
1.4.a	Adequate covered waste receptacles maintained in a sanitary manner	1
1.4.b	Outside disposal area adequate and clean	1
1.1.e	Utility sink provided for instrument cleaning	2

SANITARY SERVICES		
2.7.a	Towels and linens properly laundered	2
2.7.b	Soiled towels and linens stored in covered receptacles	2
2.7.c	Clean towels and linens stored properly	2

SCORE				
5	4	3	2	1

TOTAL	RATING	CORRECTIONS DUE
0	100	

Comments: _____

Date /time of inspection: 12-26-18
 Re-inspection Fee: _____ Due by: _____
 Person in charge: _____
 Sanitarian: _____



Name: MD Nails

Address: 628 School St.

Town: Rutnam

Barbershop/ Hair Salon
Nail Salon (#of stations)
Independent Contractor

Based on an inspection, the items circled below identify violations of the Northeast District Department of Health Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa Ordinance.

Note: Passing score is 80 with no 5 point violations.
Violations must be corrected by the date specified.

WATER SUPPLY/PLUMBING/SEWAGE DISPOSAL		
1.1.a	Water supply-adequate, hot & cold under pressure	5
1.1.c	Sewage disposal approved method	5
1.1.d	No potential back siphonage or cross connections	5

INDIVIDUAL STATIONS		
5.1.a.b	Permit properly displayed	5
CT. State Lic. # <u> </u> Exp. Date: <u> </u>		
2.5.g	EPA registered disinfectant available at each station or approved location	2
2.5.l	Lotions and powders are self-dispensing	2
2.5.o	All products containers are labeled	2
2.5.i	Sanitary paper strips or clean cloth placed around the neck before protective cape	2
2.6.a	Hand washing between each customer, eating, smoking and immediately after using the toilet	3
2.6.b	Clean outer garments	1
2.5.f	Equipment and utensils are cleaned and disinfected after each customer	5
2.5.e	Disinfected and single use items are stored in a sanitary covered container when not in use	2
2.5.h	Single use items such as emery boards, disposable files and sanding bands from electric file mandrels are discarded after each customer	5
2.2	Foot spas are properly cleaned and sanitized between each customer	5
2.3	Foot spas are properly cleaned and sanitized at the end of each day. Drains and screens free of debris	5
3.3.a	No food or beverages prepared, stored, or sold on the premises unless permitted	2
3.2.a	No animals or pets in service area	2
3.1.a	Use of prohibited items	5
3.1.c	Materials to stop blood flow	2

TOILET FACILITIES		
1.5.a	Toilets and washbasins are clean and in good repair	4
1.5.b	Hot and cold running water under adequate pressure	5
1.5.c	Soap and single service paper towels provided	3
1.5.d	Covered waste receptacle provided	2

PHYSICAL BUILDING		
4.1.a	Residential establishment with own entrance separate from living area	3
1.2.a	Floors and walls clean and in good repair	1
1.2.d	Ceiling clean and in good repair	1
2.5.c	Attached equipment and fixtures are properly constructed and maintained clean and free of debris	1
2.5.c	Cabinets, shelves, furniture and shampoo basins free of dust, dirt and debris	1
1.3.a	Adequate lighting	1
1.3.b	Adequate ventilation	1
1.4.a	Adequate covered waste receptacles maintained in a sanitary manner	1
1.4.b	Outside disposal area adequate and clean	1
1.1.e	Utility sink provided for instrument cleaning	2

SANITARY SERVICES		
2.7.a	Towels and linens properly laundered	2
2.7.b	Soiled towels and linens stored in covered receptacles	2
2.7.c	Clean towels and linens stored properly	2

SCORE				
5	4	3	2	1

TOTAL	RATING	CORRECTIONS DUE
<u> </u>	<u>100</u>	

Comments: _____

Date /time of inspection: 12-26-18

Re-inspection Fee: _____ Due by: _____

Person in charge: Duffy

Sanitarian: Doyle

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Nail Arts

Address: 83 Westcott Road

Town: Killingly

No. of Chairs: Hair _____ Nails _____

*currently one worker

- | | |
|---|---|
| <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 | |

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

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.....
 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..... styptic liquid
 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..... boxes
 6. EPA Registered hospital disinfectant available at each station..... barbicide
 7. Razors & Credo blades prohibited.....

Comments:

- customers have boxes w/nail equipment

- wax warmer covered

Date of Inspection: 4/4/18 Time: 11:25a

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: Selina Nails

Address: 72 Prospect street

Town: Plainfield

No. of Chairs: Hair _____ Nails 1 man 2 ped

<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..... see test
 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.....
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 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
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 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 drain screen
Unclean w/ debris
[clients use individual]
boxes
6.3 manicure table shelves
nail debris - wipe down

Date of Inspection: 6/19/18 Time: 12:31 p
Best
 Signature of Sanitarian

Date of Required Compliance: ASAP
Gail YUN
 Signature of Person in Charge