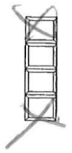




NORTHEAST DISTRICT DEPARTMENT OF HEALTH
69 SOUTH MAIN STREET, UNIT 4, BROOKLYN, CT 06234
860-774-7350 / FAX 860-774-1308 WWW.NDDH.ORG

Annual Inspection
Complaint
Re-inspection
Pre-operational



Name: Canterbury Cutz

Address: 357 Bingham Rd

Town: Canterbury

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>044438</u> Exp. Date: <u>5-30-20</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
		3		

TOTAL	RATING	CORRECTIONS DUE
73	97	-

Comments: _____
Ula has a separate outlet
Bullhead

Date /time of inspection: 12-26-18
Re-inspection Fee: _____ Due by: _____
Person in charge: Angel M. M...
Sanitarian: [Signature]

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: European Touch

Address: 282 Lanehouse Rel.

Town: Thompson

No. of Chairs: Hair 3 Nails _____

<input checked="" type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input checked="" type="checkbox"/> Other: <u>1st inspection</u>	

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____
<input 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..... gone now
 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: Spray
- water bottle need to be labeled.
- wax sticks need to be covered.
* Have Pedi chair not used yet.
NTDH.org

Date of Inspection: 3/28/18 Time: _____

Date of Required Compliance: _____

 Signature of Sanitarian

 Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Evo, LLC

Address: 984 North Main Street

Town: Killingly

No. of Chairs: Hair 2 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input 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:
Very clean.

Date of Inspection: 2/6/18 Time: _____

 Signature of Sanitarian

Date of Required Compliance: _____

 Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Fine Lines Hair Salon

Address: 136 main street

Town: Killingly

No. of Chairs: Hair 1 Nails _____

<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 checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input 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..... *public*
 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.....
 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:

-under construction during inspection

Barbicide

Date of Inspection: 7/24/18 Time: 830a

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: Hair with Flare

Address: 130 Wauregan Road

Town: Killingly

No. of Chairs: Hair 5 Nails _____

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

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

- | | |
|---|--|
| <p>1. WATER/SEPTIC</p> <p>1. Water supply adequate, safe..... <u>Public</u> <input checked="" type="checkbox"/></p> <p>2. Approved method of sewage disposal..... <input checked="" type="checkbox"/></p> <p>3. No potential cross connection or back siphonage..... <input checked="" type="checkbox"/></p> <p>2. RESTROOMS</p> <p>1. Toilets and washbasins fixtures are clean and in good repair..... <input checked="" type="checkbox"/></p> <p>2. Hot and cold water under pressure, provided as required..... <input checked="" type="checkbox"/></p> <p>3. Soap in dispensers and single-service paper towels provided..... <input checked="" type="checkbox"/></p> <p>4. Covered refuse containers provided, clean..... <input checked="" type="checkbox"/></p> <p>3. PHYSICAL BUILDING CONDITION</p> <p>1. Permit properly displayed..... <input checked="" type="checkbox"/></p> <p>2. Residential Salon - living quarters are separate. Salon has own entrance..... <u>n/a</u> <input checked="" type="checkbox"/></p> <p>3. Floors, walls and ceilings properly constructed and in good repair..... <input checked="" type="checkbox"/></p> <p>4. Adequate lighting provided as required..... <input checked="" type="checkbox"/></p> <p>5. Adequate ventilation, no excess heat or odors..... <input checked="" type="checkbox"/></p> <p>6. Outside disposal area clean..... <input checked="" type="checkbox"/></p> <p>7. No foods or beverages prepared, stored, or sold on premises unless permitted..... <input checked="" type="checkbox"/></p> <p>8. No animals / pets..... <input checked="" type="checkbox"/></p> <p>9. Aisles/work spaces properly maintained..... <input checked="" type="checkbox"/></p> | <p>4. INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING</p> <p>1. All personnel properly licensed as required by State..... <input checked="" type="checkbox"/></p> <p>2. Hair clippings removed frequently and in proper manner..... <input checked="" type="checkbox"/></p> <p>3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device..... <input checked="" type="checkbox"/></p> <p>4. Shaker-top container used for dispensing lotion or powders..... <input checked="" type="checkbox"/></p> <p>5. Alum or other material available to stop the flow of blood..... <input checked="" type="checkbox"/></p> <p>6. Clean outer garments and hygienic practices..... <input checked="" type="checkbox"/></p> <p>7. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs <input checked="" type="checkbox"/></p> <p>8. Attached equipment, fixtures, properly constructed, maintained, clean and free of hair clippings <input checked="" type="checkbox"/></p> <p>9. All chemical containers are properly labeled..... <input checked="" type="checkbox"/></p> <p>5. UTENSILS/EQUIPMENT SANITIZING</p> <p>1. Utility sink provided for instrument cleaning..... <input checked="" type="checkbox"/></p> <p>2. Equipment/utensils used are cleaned and disinfected after each customer..... <input checked="" type="checkbox"/></p> <p>3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements..... <input checked="" type="checkbox"/></p> <p>4. Disinfected utensils kept in sanitary covered containers when not in use..... <input checked="" type="checkbox"/></p> <p>5. Linens and towels properly sanitized and stored correctly. Covered receptacle provided for soiled linens and towels only..... <input checked="" type="checkbox"/></p> <p>6. PEDICURE/MANICURE STATIONS</p> <p>1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris..... <input checked="" type="checkbox"/></p> <p>2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client..... <input checked="" type="checkbox"/></p> <p>3. Manicure table and surrounding areas maintained in a sanitary condition..... <input checked="" type="checkbox"/></p> <p>4. Clean towels or disposable paper covers are placed over manicure cushion and/or footrests before each client. <input checked="" type="checkbox"/></p> <p>5. Single-use items such as; emery boards, disposable files, and sanding bands from electric file mandrels are discarded after each client..... <input checked="" type="checkbox"/></p> <p>6. EPA Registered hospital disinfectant available at each station..... <input checked="" type="checkbox"/></p> <p>7. Razors & Credo blades prohibited..... <u>barbicide</u> <input checked="" type="checkbox"/></p> |
|---|--|

Comments:

New salon - no operation at time of inspection

- barbicide used

- wax tools covered

Date of Inspection: 6/22/18 Time: 2:15

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: Kutz By Bock's Barbershop
Town: Plainfield

Address: 722 Norwich Rd.
No. of Chairs: Hair 4 Nails _____

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

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

Clean Bathroom prior to open
Washer + Dryer to be installed
until then drop off laundry
being utilized.

Date of Inspection: 2/6/18 Time: 8:30

[Signature]
Signature of Sanitarian

[Signature]
Date of Required Compliance: _____

Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: K Cutz

Address: 1020 Riverside Drive

Town: Thompson

No. of Chairs: Hair 3 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>Waxing</u>
<input 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..... 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.....
 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..... barbicides
 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: 11/26/18 Time: 5:15p
[Signature]
 Signature of Sanitarian

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

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: linelight studio

Address: 10 Center St.

Town: 10 Center St.

No. of Chairs: Hair 3 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____
<input 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..... city
 2. Approved method of sewage disposal..... city
 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:
Very well maintained

Date of Inspection: 1/23/18 Time: _____

Signature of Sanitarian

Date of Required Compliance: 1/23/18

Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Luna Salon
Town: Putnam

Address: 8 Lwery St.
No. of Chairs: Hair 2 Nails Pedi 1

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input type="checkbox"/> Nails	<u>Pedi only</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..... 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..... disposable linens
 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..... Pedi only
 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:
49 - Red spray bottle needs to be labeled.

Date of Inspection: 2/6/18 Time: 3:00
[Signature]
Signature of Sanitarian

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

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Magic Scissors
Town: Putnam

Address: 475 School Street
No. of Chairs: Hair 3 Nails _____

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

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

4.4. any tub products can only be used with scoops or sticks.

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

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



Name: Mareno's Barbershop
Town: Rutnam

Address: 48 Marshall St.

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
	4	3	4	

TOTAL	RATING	CORRECTIONS DUE
12	88	ASAP

Comments: 1.5.a. Hat needs to be cleaned.
1.5.c. Bathroom needs Paper towels.
2.5.o. Water Bottle needs to be labeled
2.5.l. Tub Products need to use
SCOOPS OR STICKS (DISPOSABLE)

Date /time of inspection: 11-20-18 11:53
Re-inspection Fee: Due by:
Person in charge:
Sanitarian:

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Moneed's Salon + Spa

Address: 153 Providence St.

Town: Putnam

No. of Chairs: Hair 9 Nails _____

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

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

4.9 - Water bottle not labled station #2
 sidewalk 3rd station white water
 bottle no lable. 5th station clean + black
 water bottle needs lable.

* All tub product must be
 use with scoops or sticks
 NO bare hand contact.

Date of Inspection: 2/6/18 Time: _____

Date of Required Compliance: _____

[Signature]
 Signature of Sanitarian

[Signature]
 Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: MOVE Hair Studio

Address: 38 Day St.

Town: Brooklyn

No. of Chairs: Hair 1 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input type="checkbox"/> Other <u>Waxing</u>
<input 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..... *city*
 2. Approved method of sewage disposal..... *city*
 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..... *save at usp.*
 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: very nice / clean.

Date of Inspection: 3/15/18 Time: 12:30

Date of Required Compliance: _____

[Signature]
Signature of Sanitarian

[Signature]
Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Natural Solutions Salon

Address: 195 Providence St Barber

Town: Pittsboro

No. of Chairs: Hair 2

Nails 1

<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.

- Barbershop
- Pedicures
- Hairdressing/Cosmetology
- Other
- Nails

WATER/SEPTIC

1. Water supply adequate, safe.
2. Approved method of sewage disposal.
3. No potential cross connection or back siphonage.

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.

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.

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 clusters, 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.

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.

PEDICURE/MANICURE STATIONS

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

Comments:

49 Turple water bottle needs label
Very Clean

Signature of Sanitarian

Date of Inspection: 8/16/18
Time: _____

Signature of Person in Charge

Date of Required Compliance: 3/

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Payton Place Salon

Address: 1098 Davis Avenue

Town: Killingly

No. of Chairs: Hair 1 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input 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..... liquid styptic stick
 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..... hair rinse sink
 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:

4.8 white plastic containers where combs stored in drawer unclean w/ hair debris
4.8 bottles in cart tops unclean w/ dust
bathroom clean

Date of Inspection: 6/5/18 Time: 11am
[Signature] EHS/NDPH
 Signature of Sanitarian

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

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Pomfret Beauty Salon

Address: 69 Mashamoquet Road

Town: Pomfret

No. of Chairs: Hair 2 Nails _____

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

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

see water test

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 purple water bottle not labeled

very clean!

Date of Inspection: 11/22/18 Time: 1135

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: Refuge Salon INC.

Address: 127 main St.

Town: Putnam

No. of Chairs: Hair 3 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____
<input 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..... *NA*
 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:

Has manicure table but is in process of removing.

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

Date of Required Compliance: _____

Signature of Sanitarian

Signature of Person in Charge



Name: Roma 4 Beauty Salon

Address: 725 Norwich Rd.

Town: Painfield

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
2	98	11-1-18

Comments: Station 1 unlabeled water bottle.

Very Clean.

Date /time of inspection: 2:37 JDF NOV. 1 2018

Re-inspection Fee: Due by:

Person in charge: Dolan

Sanitarian: JDF

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Shear Perfection

Address: 239 Riverside Drive

Town: Thompson

No. of Chairs: Hair 2 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____
<input 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..... need current copy
 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:

*need copy of current water test

hair in rollers in cart in back room

Date of Inspection: 6/22/18 Time: 1:10

[Signature] EHS/NDDH

Signature of Sanitarian

Date of Required Compliance: ASAP

[Signature]

Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Shear Reflections

Address: 9A South Main St.

Town: Brooklyn

No. of Chairs: Hair 4 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>Waxing</u>
<input 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..... Private
 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: very good. very clean.

Date of Inspection: 3-28-18 Time: _____

 Signature of Sanitarian

Date of Required Compliance: _____

 Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Sandial Salon

Address: 73 Picabo St.

Town: Danielson

No. of Chairs: Hair 1 Nails _____

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

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

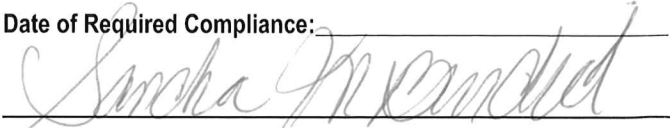
4. **INDIVIDUAL SERVICE STATIONS UTENSILS/EQUIPMENT HANDLING**
 1. All personnel properly licensed as required by State.....
 2. Hair clippings removed frequently and in proper manner.....
 3. Headrest covered with clean towels or paper. Sanitary paper strip placed around neck before protective device.....
 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:
Very Clean.

Date of Inspection: 1/3/18 Time: _____

Signature of Sanitarian

Date of Required Compliance: _____

Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Sarah Audrey
Town: Woodstock

Address: 154 Route 171
No. of Chairs: Hair 3 Nails _____

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

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

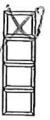
5. **UTENSILS/EQUIPMENT SANITIZING**
 1. Utility sink provided for instrument cleaning.....
 2. Equipment/utensils used are cleaned and disinfected after each customer.....
 3. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements.....
 4. Disinfected utensils 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:
Combs in barbicide must be completely covered by barbicide

Date of Inspection: 3/28/18 Time: _____
Signature of Sanitarian: _____

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



Name: SuperCuts 90750

Address: 62 Providence Pike

Town: Putnam

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.j	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

Comments:
2.5.i tub products, must use disposable scoops / sticks.
1.2.d ceiling tiles with water stains
* Has a work order in for repairs

SCORE				
5	4	3	2	1
			2	1

Date /time of inspection: 11-20-18

Re-inspection Fee: Due by:

Person in charge: Jem Diabate

Sanitarian: [Signature]

TOTAL	RATING	CORRECTIONS DUE
3	97	ASAP.

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: The Chop Shop

Address: 159 Main Street

Town: Killingly

No. of Chairs: Hair 2 Nails _____

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

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

Ian Ezzell 005181 exp: 2/28/19
Ryan Hawley 052302 exp. 9/30/18

4. B Ryans station - excess hair in
 5. 4 scissor container & drawer 2nd down
 2. 3 towel in restroom - paper towels needed

Date of Inspection: 2/2/18 Time: 120p

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: The Gen Homard Choice
 Town: Putnam Barbershop

Address: 183 Kennedy Drive
 No. of Chairs: Hair 3 Nails _____

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

<input checked="" type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____
<input 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.....
 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:
39 hair in drawer of clippers (4.8) top
second/back station (Pete)
39 hair in bottom drawer on first station

4/8/18
 Time: 1050 / 1105
ETS / NDDH
 Signature of Sanitarian

Date of Required Compliance: ASAP
 Signature of Person in Charge

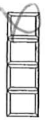


NORTHEAST DISTRICT DEPARTMENT OF HEALTH

69 SOUTH MAIN STREET, UNIT 4, BROOKLYN, CT 06234

860-774-7350 / FAX 860-774-1308 WWW.NDDH.ORG

Annual Inspection
Complaint
Re-inspection
Pre-operational



Name: Hair Chain

Address: 152 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>25133</u> Exp. Date: <u>9.30.20</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
0	100	-

Comments: _____

Date /time of inspection: 11-20-18 11:43

Re-inspection Fee: _____ Due by: _____

Person in charge: Yvonne M. [Signature]

Sanitarian: [Signature]

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: The Mandalaey
Town: Killingly

Address: 112 Westcott Rd.
No. of Chairs: Hair 6 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other <u>waxing</u>
<input 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..... city
 2. Approved method of sewage disposal..... city
 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/m
 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... linens... disposable.....
 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:
all corrections made from previous inspection on 1/23/18 JA

Date of Inspection: 2/6/18 Time: _____
Signature of Sanitarian: _____

Date of Required Compliance: David M. Bond
Signature of Person in Charge: _____

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: The Mandalay
Town: Killiney

Address: 112 Westcott Road
No. of Chairs: Hair 6 Nails _____

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

<input type="checkbox"/> Barbershop	<input checked="" 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..... NA
 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..... disposable
 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:
Green Bottle color station Needs
Sandra station - Small semi round on shelf
- excessive hair accumulated on brush
- combs have build up needs to be cleaned combs in white tray
- Black Bottle NO table. also
Drance station - Combs excessive build up
- Brushes excessive build up
- Drain debris in Drain needs to be cleaned out.
- Barbicide must cover combs and be changed regularly.
vasoline tub - can only be used with scoops or stick no bare hand contact.

Renters

correct immediately
2 week reinspection

Date of Inspection: 1/23/18 Time: _____

 Signature of Sanitarian

Date of Required Compliance: _____

 Signature of Person in Charge



Name: Lori Oleszkowski
 Town: Putnam Ct.

Address: 243A Kennedy Dr.

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

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
			2	

TOTAL	RATING	CORRECTIONS DUE
2	98	ASAP

INDIVIDUAL STATIONS		
5.1.a.b	Permit properly displayed	5
CT. State Lic. # <u>044003</u> Exp. Date: <u>3-31-20</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

2.5.o
 Comments: water bottle needs label

Date /time of inspection: 11-20-18
 Re-inspection Fee: Due by:
 Person in charge: Lori Oleszkowski
 Sanitarian: [Signature]

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Penelope Advance Aesthetics Address: 755B Norwich Rd.

Town: Plainfield

No. of Chairs: Hair _____ Nails _____

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

<input type="checkbox"/> Barbershop	<input type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input checked="" type="checkbox"/> Other: <u>Spa</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..... city
 2. Approved method of sewage disposal..... city
 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..... 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.....
 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:
Caustic EPA Reg # 46781-6
Barbicide EPA Reg # 951-11

Date of Inspection: 7/16/18 Time: 12:29

 Signature of Sanitarian

Date of Required Compliance: _____

 Signature of Person in Charge

Please Call me. NOT charging Re inspection

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: The Shop.

Address: 297 School St.

Town: Putnam

No. of Chairs: Hair 9 Nails _____

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

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

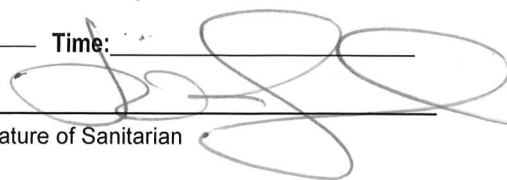
6. **PEDICURE/MANICURE STATIONS**
 1. Foot spas are properly sanitized after each client and at end of day. Drains and screens free of debris.....
 2. Tabletops, armrests, footrests and pedicure chairs/manicure stations are disinfected after each client.....
 3. Manicure table and surrounding areas maintained 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: Shelves at work station need to be dusted or wiped down.
Hair clippings on magazine table upstairs + floor
floor restrooms were dusty + dirt accumulation
used wax stick on hot wax under plate
hair on tweezers work station upstairs
floor look dirty all surfaces need to be dusted.

Hair Sinks are leaking repairs must be done.

Date of Inspection: _____ Time: _____

Date of Required Compliance: _____

Signature of Sanitarian 

Signature of Person in Charge 

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Tress Salon, LLC

Address: 35 Route 171

Town: Woodstock

No. of Chairs: Hair 5 Nails _____

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

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Barbershop | <input checked="" type="checkbox"/> Hairdressing/Cosmetology |
| <input type="checkbox"/> Pedicures | <input checked="" type="checkbox"/> Other: <u>waxing</u> |
| <input 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..... N/A
 2. Residential Salon - living quarters are separate. Salon has own entrance..... na
 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..... 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.....
 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 bottle not labeled
4.8 barbic purple container w/ combs stored hair debris
3.3 missing ceiling tiles in restroom

Date of Inspection: 3/4/18 Time: 820/835
[Signature]
 Signature of Sanitarian

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

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Turning Heads

Address: 699 Norwich Rd.

Town: Plainfield

No. of Chairs: Hair 4 Nails _____

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

<input checked="" type="checkbox"/> Barbershop	<input checked="" type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____
<input 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:
49 water bottle * Nic Needs label
* Duct
- Waxing Station needs to be cleaned from wax build up.
23 Need Paper towels in Bathroom

Date of Inspection: 3/27/18 Time: 11:45

 Signature of Sanitarian

Date of Required Compliance: _____

 Signature of Person in Charge

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Waves Hair Studio
 Town: Plainfield

Address: 716 Norwich Rd.
 No. of Chairs: Hair 7 Nails _____

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

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

- Barber Station - clippers need to be cleaned of hair debris after use.

- Baseboards need to be cleaned better more often

- Dust accumulation on stations to be clean.

* Lids need to be on wax strips

* tub products must be used with scoops or sticks. No fingers

Date of Inspection: 3/28/18 Time: _____
 Signature of Sanitarian: _____

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

Northeast District Department of Health SALON/BARBERSHOP INSPECTION REPORT

Name: Wayne's Barbershop

Address: 102 South Main Street

Town: Brooklyn

No. of Chairs: Hair 1 Nails _____

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

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

public

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:

4.8 container where clipper blades are stored unclean with hair clippings

Date of Inspection: 6/5/18 Time: 10:30a

Date of Required Compliance: ASAP

[Signature]
Signature of Sanitarian

[Signature]
Signature of Person in Charge