

Town of Brookfield· Health Department

Phone: 203-775-7315 Fax: 203-740-7677

www.brookfieldct.gov

Salon, Barber Shop, Personal Care Inspection Report

Type of Inspection: ☐ Annual ☐ Pre-operational ☐ Re-inspection ☐ Complaint ☐ Other
Services Provided: ☐ Hairdressing ☐ Barber ☐ Manicure ☐ Pedicure ☐ Other _____

Name of Establishment: _____ Address: _____

Items marked with an "X" below constitute violation(s) of the Brookfield Salon Ordinance, which must be corrected by the date specified below. Items with a check "✓" are satisfactory. Items marked with N/O, not observed during inspection.

A. WATER SUPPLY/ SEWER

1. Water supply adequate, safe..... ☐
2. Hot (min. 120 °F) and cold water under pressure provided..... ☐
3. Approved method of sewage disposal..... ☐

B. PLUMBING

1. Plumbing fixtures impervious material, clean, maintained..... ☐
2. No potential cross connection, back siphonage, backflow..... ☐

C. TOILET/HANDWASHING FACILITIES

1. Toilets and hand washing fixtures clean and in good repair..... ☐
2. Soap in dispensers and single-service paper towels or air dryer as required..... ☐
3. Toilets, handwash sinks, adequate, convenient, accessible.... ☐
4. Mechanical ventilation or operable screened window..... ☐

D. EQUIPMENT AND FACILITIES

1. Establishment license displayed..... ☐
2. Residential salon separate from living quarters..... ☐
3. Floors/walls/ceilings properly constructed, good repair, clean .. ☐
4. Adequate lighting provided as required..... ☐
5. Outside refuse disposal clean, properly constructed..... ☐
6. No food or beverages prepared, stored, sold on premises unless permitted..... ☐
7. No animals or pets..... ☐
8. Covered refuse containers provided..... ☐
9. Mechanical ventilation or operable screened window as required..... ☐

Comments:

E. MAINTENANCE AND OPERATION

1. All personnel licensed, license posted..... ☐
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 materials available to stop flow of blood.... ☐
6. Clean outer garments, good hygienic practices, no eating, smoking while working..... ☐
7. Hands washed with soap and water before serving each customer..... ☐
8. No person with infection or communicable disease attending or working..... ☐
9. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs..... ☐
10. Attached equipment, fixtures-properly constructed, maintained, clean and free of hair clippings..... ☐
11. All chemical containers are properly labeled..... ☐
12. Refuse disposed of on a regular basis..... ☐

F. UTENSILS/EQUIPMENT SANITIZING

1. Utility sink provided for instrument cleaning..... ☐
2. Equipment/utensils used are cleaned and disinfected after each customer ☐
3. Approved, proper use of sanitizing method after thorough cleansing of implements..... ☐
4. Disinfected utensil kept in sanitary, covered containers when not in use..... ☐
5. Linens and towels properly sanitized and stored..... ☐

G. PEDICURE/MANICURE STATIONS

1. Fingerbowls have disposable liners. Foot Spas properly sanitized after each customer ☐
2. Tabletops, armrests, footrests and pedicure chairs disinfected after each customer..... ☐
3. Manicure table and surrounding area maintained, in sanitary condition..... ☐
4. Clean towels or new disposable paper covers placed over manicure cushions and footrests before each customer ☐
5. Single use items such as: emery boards, disposable files, and sanding bands from electric file mandrels discarded after each customer..... ☐

Date/Time of Inspection: _____

Compliance Due By: _____

Printed Name of Inspector & Title

Printed Name of Person in Charge & Title

Signature of Inspector

Signature of Person in Charge