



Cosmetology Inspection Form

Name of Establishment _____

Address _____

Annual Inspection	Complaint
Reinspection	
Other: _____	

Services:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Hairdressing/Cosmetology |
| <input type="checkbox"/> Nails | <input type="checkbox"/> Other _____ |

Based on an inspection this day, the items circled below identify violations of the Ledge Light Health District Regulations for Barbershops, Hairdressing, Cosmetology Shops and Nail Salons.

A. Water Supply

1. Water supply adequate, safe
2. Hot and cold water under pressure, provided as required

B. Sewage Disposal

3. Approved method of sewage disposal

C. Plumbing

4. Approved plumbing fixtures, clean, maintained
5. No potential cross connection, back siphonage, backflow

D. Toilet/Handwashing Facilities

6. Toilets and washbasins adequate, convenient, accessible, designed, installed
7. Proper fixtures in good repair, clean
8. Soap in dispensers and single-service paper towels provided

E. Garbage Disposal

9. Adequate number of covered refuse containers provided, clean
10. Outside disposal area and enclosures properly constructed, clean

F. Floors/Walls/Ceilings

11. Floors properly constructed, in good repair, clean
12. Ceilings properly constructed, in good repair, clean
13. Walls properly constructed, in good repair, clean
14. Attached equipment, fixtures, properly constructed, maintained, clean, free of hair clippings

H. Ventilation

16. Adequate ventilation, no excess heat or odors

I. Storage

17. Cabinets for clean linens and towels are adequate, clean, with tight fitting doors
18. Covered receptacle provided exclusively for soiled linens and towels

J. Housekeeping

19. In-Residence shop completely separate from living/sleeping quarters
20. No foods or beverages on premises unless permitted
21. No animals / pets in working areas
22. Aisles/work spaces properly maintained

K. Personnel

23. All personnel properly licensed as required by DPH
24. No person with infection or communicable disease attended or working
25. Good hygienic practices, smoking prohibited
26. Clean outer garments
27. Hands washed with soap and water before serving each customer

L. Utensils/Equipment – Handling (other than Single Service)

28. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs
29. Hair clippings removed frequently and in proper manner
30. Head rest covered with clean towels or paper
31. Sanitary paper strip placed around neck before protective device
32. Shaker-top container used for dispensing lotion or powders
33. Alum or other material to stop the flow of blood provided in powder or liquid form

M. Utensils/Equipment - Sanitizing (other than Single Service)

34. Utility sink provided for instrument cleaning
35. Equipment used on customer cleaned and disinfected after each customer
36. Utensils used on customers cleaned and sanitized after each customer
37. Proper use of recommended disinfection techniques/solutions
38. Disinfected utensils kept in sanitary covered containers when not in use
39. Linens and towels properly sanitized when washed on premises

Yellow Items are Imminent Health Hazards and must be corrected immediately.
All other items must be corrected within 2 weeks.

Date of Inspection: _____

Date of Required Compliance: _____

Director of Health / Authorized Agent

Signature of Person in Charge

