



SALON INSPECTION REPORT

Salon Name License # Inspect Date

Owner Manager

INSPECTION ITEM	RATING	COMMENTS FOR UNSATISFACTORY
1. SHOP LICENSE	<input type="checkbox"/> S <input type="checkbox"/> UN	
2. INDIVIDUAL LICENSES	<input type="checkbox"/> S <input type="checkbox"/> UN	
3. BOOTH CERTS.	<input type="checkbox"/> S <input type="checkbox"/> UN <input type="checkbox"/> NA	
4. VALID GOVERNMENT IDENTIFICATION	<input type="checkbox"/> S <input type="checkbox"/> UN	
5. RULE/PROPER POSTING	<input type="checkbox"/> S <input type="checkbox"/> UN	
6. H/C WATER/PRESSURE	<input type="checkbox"/> S <input type="checkbox"/> UN	
7. SOAP AT HANDWASHING STATIONS	<input type="checkbox"/> S <input type="checkbox"/> UN	
8. SANITIZING PRODUCT	<input type="checkbox"/> S <input type="checkbox"/> UN	
9. DISINFECTION PRODUCT	<input type="checkbox"/> S <input type="checkbox"/> UN	
10. STERILIZATION PRODUCT	<input type="checkbox"/> S <input type="checkbox"/> UN	
11. FLAMMABLE/TOXIC PRODUCTS PROPERLY STORED	<input type="checkbox"/> S <input type="checkbox"/> UN	
12. TOWELS/MOPS/BROOM/DUST PAN/ETC.	<input type="checkbox"/> S <input type="checkbox"/> UN	
13. FREE OF INSECTS/RODENTS	<input type="checkbox"/> S <input type="checkbox"/> UN	
14. COUNTERTOPS/WORKSTATIONS	<input type="checkbox"/> S <input type="checkbox"/> UN	
15. COVERED/MAINTAINED TRASH	<input type="checkbox"/> S <input type="checkbox"/> UN	
16. COVERED/STORED TOWELS/LINENS	<input type="checkbox"/> S <input type="checkbox"/> UN	
17. TOOLS, COMBS, IMPLEMENTS CLEAN	<input type="checkbox"/> S <input type="checkbox"/> UN	
18. BRUSH/COMB DISINFECTANT CONTAINER	<input type="checkbox"/> S <input type="checkbox"/> UN <input type="checkbox"/> NA	
19. ELECTRONIC TOOLS/IMPLEMENTS	<input type="checkbox"/> S <input type="checkbox"/> UN	
20. STORAGE CONTAINERS	<input type="checkbox"/> S <input type="checkbox"/> UN	
21. ELECTRICAL APPLIANCES	<input type="checkbox"/> S <input type="checkbox"/> UN <input type="checkbox"/> NA	
22. GENERAL FLOOR AREA	<input type="checkbox"/> S <input type="checkbox"/> UN	
23. DRAWERS	<input type="checkbox"/> S <input type="checkbox"/> UN	
24. CHAIRS/MIRRORS	<input type="checkbox"/> S <input type="checkbox"/> UN	
25. NO SIGN OF USAGE ON DISPOSABLE ITEMS	<input type="checkbox"/> S <input type="checkbox"/> UN	
26. DISPOSABLE ITEMS BEING THROWN AWAY	<input type="checkbox"/> S <input type="checkbox"/> UN	
27. BOWLS/SINKS/PEDICURE TUBS	<input type="checkbox"/> S <input type="checkbox"/> UN	
28. FOOT SPA SUCTION VENT (Ask manager to remove plate)	<input type="checkbox"/> S <input type="checkbox"/> UN <input type="checkbox"/> NA	
29. COVERED DIRTY TOWELS/LINENS	<input type="checkbox"/> S <input type="checkbox"/> UN	
30. SOILED TOWELS PROPERLY PLACED	<input type="checkbox"/> S <input type="checkbox"/> UN	
31. VENTILATION-VENTS/FILTERS-DUST PARTICLES	<input type="checkbox"/> S <input type="checkbox"/> UN	
32. NO FOOD IN SERVICE AREA	<input type="checkbox"/> S <input type="checkbox"/> UN	
33. OBSERVE: HAND WASHING AFTER EACH CLIENT	<input type="checkbox"/> S <input type="checkbox"/> UN	
34. OBSERVE: CLEAN TOWELS BEING USED ON EACH CLIENT	<input type="checkbox"/> S <input type="checkbox"/> UN	

ADDITIONAL COMMENTS _____

Violation ISSUED? Violations #

INSPECTOR SIGNATURE MANAGER SIGNATURE