

Connecticut River Area Health District
 455 Boston Post Road, Suite 7, Old Saybrook, CT 06475
 Phone 860-661-3300 Fax 860-661-3333

Body Care Establishment Inspection Report

Name of Establishment: _____ Date/Time: _____

Name of Operator: _____ Address: _____

Inspection Re-Inspection Pre-Op Inspection Complaint Other

		Satisfactory					Satisfactory			
		Yes	No	n/a			Yes	No	n/a	
Licensure					Facility					
1	Establishment permit displayed				1	Adequate Plumbing, potable water, safe temp.				
2	Individuals performing work licensed				2	Floors clean/good repair				
Customer Protection					3	No accumulation of hair, nail, skin droppings				
1	Products stored in labeled containers				4	Workstations clean, sanitary				
2	Prohibited items not used				5	Garbage receptacles maintained				
3	Hot and cold running water				6	Walls/ceilings/attached equip. clean, good repair				
4	Soap and towels provided				7	Adequate lighting/ventilation				
5	Adequate ventilation				8	Work areas separate from private home				
6	No reuse of towels or emery boards				Equipment					
7	Finger bowls clean/maintained				1	Proper disinfection of re-usable equipment and implements				
8	Combs maintained/proper sanitizer				2	No re-use of single use or disposable supplies				
9	Pedicure basins cleaned/drained				3	Clean/good repair				
10	Customers with communicable disease or infections not serviced				4	Proper storage of supplies, Chemicals properly stored				
Employee Hygiene					5	Separation of clean/soiled towels/linen, proper storage				
Toilet Facilities										
1	Smoking, eating restricted				Toilet Facilities					
2	Clean outer garments				1	Accessible/clean				
3	Personnel with infection restricted				2	Covered waste container				
4	Hand washing sink access, used				3	Separate hand sink/clean/hot and cold running water				
5	No animals in establishment				4	Paper towels or mechanical hand dryer				
6	Proper handling of waste				5	Self-closing toilet room door				

Inspector Remarks: _____

Inspector: _____ (Signatures) Owner/Operator _____

Satisfactory: _____ Unsatisfactory: _____ Re-inspection Date: _____

Note: The following items may result in immediate permit suspension until compliance is achieved: interference with inspection; employees with infection not restricted; ongoing disease transmission potential; absence of potable water; sewage back up into facility; unlicensed individuals

Authority: CT General Statute's 19a-231 and 19a-232 Permit Authority: Section C(1) CRAHD Body Care Code
 All Body Care Establishments must be inspected and permitted by CRAHD. Permits are not transferable