

DOEHRS-IH EHM: BEAUTY / BARBER SHOP SANITATION REPORT

See DA PAM 40-11

1. FACILITY NAME:	2. FACILITY ADDRESS:	3. INSTALLATION:	4. START DATE: (YYYYMMDD)	TIME: HH:MM
			5. END DATE: (YYYYMMDD)	TIME: HH:MM

6. INSPECTOR (Surveyor)	a. Name and Rank:	b. Phone:	c. Email:	d. Unit/Organization:
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7. PERSON IN CHARGE (PIC)	a. Full Name:	b. Phone:	c. Official Email:
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8. CONTRACTOR OPERATED (select one)		Yes		No	9. SHOP TYPE: (select one)		Barber Shop		Beauty Shop		Other (specify):
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10. INSPECTION TYPE (select one)		Routine		Follow-Up		Complaint		Pre-Opening		Other (specify):
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Item	Employee Hygiene	Yes	No	N/A	Item	Disinfection/Sanitation of Instruments	Yes	No	N/A
1	Employees do not work when ill with communicable diseases (e.g., boils, skin infections, upper respiratory infections, gastral)?				26	Hair removed from clippers between patrons?			
2	Current pre-employment or periodic medical examination certificates (only when required by medical authority)?				27	Non-removable clipper heads must be wiped or dusted and sprayed with an approved disinfecting spray between patrons?			
3	Employees do not return to work after illness unless cleared by the medical authority?				28	Clean and disinfect manicure and pedicure instruments after each patron?			
4	Clean outer smock or uniform worn?				29	Instruments disinfected immediately after use in event skin inflammation lesions are discovered on patron being served?			
5	Employees smoke, eat, or drink only in designated break areas?				30	Instruments disinfected at close of each day of operation?			
6	Employee washes hands before and after working with each patron, using the restroom, performing custodial duties, eating or drinking, or smoking?				31	Only approved disinfectants used; disinfectants used in accordance with label instructions?			
Item	Sanitary Facilities	Yes	No	N/A	Item	Posting of Regulation	Yes	No	N/A
7	Not located in food service or sleeping areas?				32	Fresh disinfectant/sanitizing solution prepared at least daily?			
8	Carpeting is permitted only in customer waiting areas?				33	All non-electrical instruments rinsed with potable water after disinfecting?			
9	Adequate hot and cold running water, adequate fixtures (hand and shampoo sinks) and waste disposal, no cross-connections?				Item	Waxing/Tweezing/Plucking/Threading	Yes	No	N/A
10	Shop area kept clean, adequately lighted and ventilated. Outside area policed?				34	Sanitary regulations posted in public view?			
11	Each shop must have suitable outer garment storage facilities and supply storage cabinets?				35	Employee asks each patron requesting waxing, tweezing, or threading if he or she has diabetes, circulatory problems, or is highly susceptible to infections or unusually sensitive to waxing, tweezing, or threading prior to agreeing to services?			
12	Adequate closed waste containers provided?				36	Employee checks for sensitivity to waxing prior to beginning the waxing procedure?			
13	Each station must have a covered container for disinfecting solutions?				37	Waxes not used over varicose veins, moles, or warts?			
14	Operator's street clothing must be stored separately from that of patrons?				38	Waxes not used on eyelashes, inside nose or ears, on the nipples or genital areas, or on irritated, chapped, sunburned, or cut skin?			
15	Removal of cut hair from floor must be done frequently; floors must be washed at frequent intervals?				39	Use of glucose (water soluble) wax is prohibited?			
Item	Instruments, Towels and Disposable	Yes	No	N/A	Item	Sanitary Practices	Yes	No	N/A
16	Headrest covered with clean paper or towel for each patron?				40	Patrons with medical or suspected medical conditions (e.g. skin infections, upper respiratory illness, etc.) should be referred to the medical authority prior to services?			
17	Only individual freshly laundered or disposable neck strips used?				41	Only approved barber and beauty supplies specified by regulation used and only for intended purpose?			
18	Reusable haircloths kept clean and changed at least daily?				42	Approved skin disinfectant used on area treated by tweezing, waxing, or threading?			
19	No common brushes, neck dusters, shaving brushes or other similar multiuse brushes used?				43	Tweezers cleaned and sanitized between patrons using approved chemical disinfectant?			
20	If synthetic hair brushes are used, are they cleaned between patrons and sanitized as required? (Neck dusters can be used if sanitized appropriately)				44	Persons with known or suspected parasitic infestations not served?			
21	Patrons with medical or suspected medical conditions (e.g. skin infections, upper respiratory illness, etc.) should be referred to the medical authority prior to services?				45	If permitted by medical authorities, only disposable, single-use razors are used for shaving?			
22	Only approved barber and beauty supplies specified by regulation used and only for intended purpose?				46	Only approved disinfectants used to disinfect headrest of chairs used for waxing, tweezing, or threading procedures?			
23	Persons with known or suspected parasitic infestations not served?				47	Gloves worn at all times when performing waxing, tweezing, or threading?			
24	If permitted by medical authorities, only disposable, single-use razors are used for shaving?				48	Gloves disposed of after each patron?			
Item	Disinfection/Sanitation of Instruments	Yes	No	N/A	Item	Disinfection/Sanitation of Instruments	Yes	No	N/A
25	Instruments cleaned and sanitized between patrons?				49	Clean, single-use paper towel used to blot any blood?			
					50	All equipment used for tweezing, waxing, and threading procedures cleaned and disinfected?			
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Facility

Date

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11. OVERALL REMARKS (describe individual Item deficiencies here)

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12. INSPECTION RATING:

Satisfactory

Unsatisfactory

13. FOLLOW-UP REQUIRED:

Yes

No

14. FOLLOW UP DATE NLT: (YYYYMMDD)

15. SIGNATURE: Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and date scheduled for follow-up inspection (unsatisfactory inspections only).

a. Inspector Signature

b. DATE (YYYYMMDD):

c. Person In Charge Signature

d. DATE (YYYYMMDD):