MISSISSIPPI STATE BOARD OF COSMETOLOGY

NEW SALON APPLICATION INSPECTION

|  |  |
| --- | --- |
| DATE: | TIME: |
| INSPECTOR: | |
| COUNTY: | |
| SALON NAME: | |
| SALON ADDRESS: | |
| TELEPHONE NUMBER: | |
| OWNER NAME(S): | |
| IS OWNER A LICENSED OPERATOR, IF YES COMPLETE BELOW: | |
| REGISTRATION NUMBER: | |
| EXPIRATION DATE: | |
| IF NO, INDICATE NAME OF MANAGING OPERATOR: | |
| REGISTRATION NUMBER: | |
| EXPIRATION DATE: | |
| IF DUALLY LICENSED SALON: | |
| BARBER SHOP LICENSE #: | |
| EXPIRATION DATE: | |

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| --- | --- | --- |
| NUMBER OF OPERATORS EMPLOYED: | | |
| NAME | REGISTRATION NUMBER | EXPIRATION DATE |
|  |  |  |
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|  |  |  |

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| --- | --- | --- |
| LICENSES POSTED AT INDIVIDUAL WORK STATIONS? | YES | NO |
| SANITATION RULES AND REGULATIONS POSTED IN A PLACE CONSPICUOUS TO THE PUBLIC? | YES | NO |
| IS THIS A HOME SALONE? | YES | NO |
| IS SALON COMPLETELY SEPARATE FROM LIVING QUARTERS | YES | NO |
| DOES SALON HAVE A SEPARATE, OUTSIDE ENTRANCE? | YES | NO |
| WALL BETWEEN HOME AND SALON OF CEILING HEIGHT? | YES | NO |
| BATHROOM FACILITIES COMPLETELY SEPARATE FROM HOME FACILITIES? | YES | NO |
| OUTSIDE SIGN? | YES | NO |
| OUTSIDE ENTRANCE? | YES | NO |
| HOT AND COLD RUNNING WATER UNDER PRESSURE? | YES | NO |
| BOTTLES AND CONTAINERS LABELS CORRECTLY? | YES | NO |
| POISONOUS SUBSTANCES STORED SEPARATELY? | YES | NO |
| CREAMS, LOTIONS IN CLOSED CONTAINERS? | YES | NO |
| SANITIZING INSTRUMENTS: |  |  |
| ADEQUATE SOLUTION – WET STERILIZER | YES | NO |
| CLEAN – WET STERILIZER | YES | NO |
| CONTAINER – DRY STERILIZER | YES | NO |
| DRAWER – DRY STERILIZER | YES | NO |
| CLEAN - DRY STERILIZER | YES | NO |

**LIST OF EQUIPMENT – SPECIFY THE NUMBER OF EACH**

|  |  |  |  |
| --- | --- | --- | --- |
| COSMETOLOGOGY SALON | | NUMBER OF COSMETOLOGISTS |  |
| WORK STATIONS / MIRRORS |  | HAIR DRYERS |  |
| COVERED SOILED TOWEL CONTAINER |  | CLEAN TOWER CABINET |  |
| SHAMPOO BOWLS / CHAIRS |  | WET STERILIZER |  |
| COVERED TRASH |  | DRY STERILIZER |  |
| COMBS |  | BRUSHES |  |
| SUFFICIENT EQUIPMENT FOR GIVING COMPLETE BEAUTY SERVICE? |  | FLOOR COVERING WORK AREAS NON-POROUS MATERIAL? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MANICURING SALON | | NUMBER OF MANICURISTS |  |
| MANICURE TABLES / LAMPS |  | PATRON CHAIRS |  |
| MANICURE STOOLS |  | WET STERILIZIER |  |
| COVERED TRASH |  | DRY STERILIZER |  |
| FINGER BOWLS |  | CLOSED CABINET |  |
| SUFFICIENT EQUIPMENT FOR GIVING COMPLETE MANICURE/PEDICURE SERVICES? | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ESTHETICS SALON | | NUMBER OF ESTHETICIANS |  |
| TREATMENT AREAS (CLIENT PRIVACY) |  | TREATMENT BEDS, TABLES OR CHAIRS |  |
| OPERATOR STOOLS |  | CLEAN LINEN CABINET (CLOSED) |  |
| CLIENT DRAPES / LINENS |  | COVERED SOILED LINEN CONTAINER |  |
| WET STERILIZER |  | DRY STERILIZIER |  |
| COVERED TRASH |  | FREE STANDING MAGNIFYING LAMPS |  |
| WOODS LAMP |  | LAVATORIES |  |
| SUFFICIENT EQUIPMENT FOR GIVING COMPLETE ESTHETICS SERVICES? | | |  |

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| TOILET FACILITIES | |
| TOILET FACILITIES WITHIN THE PHYSICAL CONFINES OF THE SALON? |  |
| IF NO, EXPLAIN: | |
| ROOM AND FIXTURES IN GOOD REPAIR |  |
| COMMENTS: | |
| FACILITIES WELL LIGHTED? |  |
| VENTILIATED TO OUTSIDE AIR? |  |
| HOW VENTILATED? | |

|  |  |
| --- | --- |
| HAND WASHING FACILITIES | |
| LAVATORY IN OR ADJACENT TO TOILET ROOM? |  |
| HOT AND COLD RUNNING WATER, UNDER PRESSURE? |  |
| SOAP OR SOAP DISPENSER ADEQUATELY FILLED? |  |
| INDIVIDUAL CLEAN TOWELS OR PAPER TOWELS? |  |

|  |  |
| --- | --- |
| DRINKING WATER FACILITIES | |
| DRINKING FOUNTAIN |  |
| LAVATORY (ARE CUPS PROVIDED) |  |
| BOTTLED WATER |  |

**MISSISSIPPI STATE BOARD OF COSMETOLOGY**

**NEW SALON RECOMMENDATION FOR LICENSURE**

**BASED ON RESULTS OF ON-SITE INSPECTION**

**BOARD RECOMMENDATION**

|  |  |
| --- | --- |
| SALON NAME |  |
| SALON ADDRESS |  |
| OWNER NAME(S) |  |
| COUNTY OF SALON LOCATION |  |

|  |  |
| --- | --- |
| **APPROVAL** | |
| The salon indicated above has met all the requirements of the Mississippi State Board of Cosmetology for licensure of a salon. | |
| Inspector Signature: | Date: |

|  |  |
| --- | --- |
| **DENIAL** | |
| The salon indicated above cannot be approved for licensure for the following reasons: | |
|  | |
| The salon owner has been advised that the salon CANNOT BE OPERATED until all items have been corrected, a salon re-inspection fee has been received by the MS State Board of Cosmetology, and evidence of compliance has been submitted and verified by an agent of the MS State Board of Cosmetology. | |
| Inspector Signature: | Date: |
| Salon Owner or Agent Signature: | Date |

**MISSISSIPPI STATE BOARD OF COSMETOLOGY**

**NEW SALON RECOMMENDATION FOR LICENSURE**

**BASED ON RESULTS OF ON-SITE INSPECTION**

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| Inspector Signature: | Date: |
| Salon Owner or Agent Signature: | Date |

|  |
| --- |
| **NOTICE TO SALON OWNER** |
| If you do not agree with the findings of this inspection, and the recommendation for denial of licensure, YOU HAVE A RIGHT TO A HEARING IN THIS MATTER. In order to schedule a hearing, submit a written request to:    MS State Board of Cosmetology  Post Office Box 55689  Jackson, MS 39296-5689  Provide the following information: Salon Owner, Name of Salon, Address of Salon, including County and Date of Salon Denial. |

MISSISSIPPI STATE BOARD OF COSMETOLOGY

POST OFFFICE BOX 55689

JACKSON, MS 39296-5689

(601) 359-1820 PHONE

601-354-6639 FAX

RE-INSPECTION FORM

Please complete this form and send with a fee of $35 to the MS State Board of Cosmetology at the address listed above.

The inspector will return once this form and the re-inspection fee has been received in the MS State Board of Cosmetology office.

Please PRINT the following:

|  |  |
| --- | --- |
| PRE-REGISTRATION NUMBER |  |
| SALON OWNER NAME |  |
| SALON NAME |  |
| SALON ADDRESS |  |
| CITY/STATE/ZIP |  |
| COUNTY OF SALON LOCATION |  |
| BUSINESS HOURS |  |
| INSPECTOR’S NAME |  |

|  |
| --- |
| FOR OFFICE USE ONLY |
| DATE RECEIVED |
| REGISTRATION NUMBER |
| AMOUNT |