MISSISSIPPI STATE BOARD OF COSMETOLOGY

NEW SALON INSPECTION

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| DATE: | TIME: |
| INSPECTOR: | |
| COUNTY: | |
| SALON NAME: | |
| SALON ADDRESS: | |
| 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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| 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**

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| 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? |  |

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| 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? | | |  |

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| 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? | |

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| 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? |  |

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