

LICENSURE UNIT

301 CENTENNIAL MALL SOUTH

P.O. BOX 94986

LINCOLN, NE 68509-4986

Beginning 1/1/2019, Nebraska statutes offer a mobile salon license.

REQUIREMENTS:

1. The salon must be a self-contained, self-supporting, enclosed mobile unit.
2. The mobile unit meets either A or B below:
 - A. Has a global positioning system tracking device that enables the department to track the location of the salon over the Internet; **and** the device is on board the mobile unit and functioning at all times the salon is in operation or open for business; **and** the owner of the salon provides the department with all information necessary to track the salon over the Internet.
- OR**
- B. The owner of the salon must submit to the department, by Fax at 402-742-1106, or by E-mail at (DHHS.Licensure2117@nebraska.gov) or regular mail, a weekly itinerary (appointments) showing the dates, exact locations, and times that cosmetology services are scheduled to be provided. The owner must submit the itinerary not less than 7 calendar days prior to the beginning of the service described in the itinerary and must submit to the department any changes in the itinerary not less than 24 hours prior to the change. A salon must follow the itinerary in providing service and notify the department of any changes.
3. The owner has insurance coverage for the mobile unit.
4. There must be a sign clearly identifying the mobile unit as a salon.
5. The mobile salon must comply with all sanitation and safety rules and regulations. 172 NAC 43 can be viewed at: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-043.pdf
6. The entrance into the mobile salon used by the general public must provide safe access.
7. The mobile salon must have at least 150 square feet of floor space. If more than one licensee is to be employed in the salon at the same time, the salon must include at least 50 square feet for each additional licensee.
8. The mobile salon must have a functional sink and toilet and maintain an adequate supply of clean water and wastewater storage capacity.

APPLICATION: You can apply for either a cosmetology or nail technology mobile salon. With a cosmetology mobile salon you can provide cosmetology, esthetics and/or nail technology services; a nail technology mobile salon only allows you to provide nail services. All services must be provided by appropriately Nebraska licensed persons.

To apply for a mobile salon license, you must submit:

1. A completed application.
2. A copy of the mobile unit's insurance.
3. A detailed floor plan or blueprint of the proposed salon which shows the square footage of the salon, entrance, locations of the sink and toilet, and any other rooms within the unit.
4. \$150 application fee. (credit or debit cards are not accepted)
5. The self-inspection report that relates to the services being provided. If you offer both cosmetology and nail technology services, you must complete both inspection reports.

APPLICATION REVIEW: If the application is approved, a certificate of consideration will be issued to operate a mobile salon pending an operation inspection by the State Inspector within 6 months. A salon which passes the inspection will be issued a permanent license. If the salon fails the inspection, the owner must submit, within 15 days, proof of corrective action taken to fix the deficiencies. If proof is not submitted within 15 days or if after a second inspection the salon does not receive a satisfactory rating, the salon must immediately give up its certificate of consideration and stop operation.

Mobile salon licenses are in effect solely for the owner or owners and the mobile salon license expires automatically upon any change of ownership or change in mobile unit. An original application for a license must be submitted and approved before the mobile salon may reopen for business.

Mobile salon licenses expire September 30th of odd-numbered years.

CONTINUED LICENSE REQUIREMENTS:

To continue to maintain the mobile salon license, the salon must meet the following:

1. The salon owner or his or her agent must notify the department of any change of ownership, name, or office address and if a salon is permanently closed;
2. Not allow any unlicensed person to perform any of the practices of cosmetology, esthetics or nail technology within the mobile salon or employment;
3. Have a sign with its name upon, over, or near the entrance door to the unit;
4. Allow Department inspectors or investigators to conduct an operation inspection or investigation at any time during the normal operating hours of the salon, without prior notice, and the owner and manager must assist the inspector by providing access to all areas of the salon, all personnel, and all records requested;
5. Display in a visible place the following records:
 - a) The current license or certificate of consideration to operate a salon;
 - b) The current licenses of all persons who are employed by or working in the salon; and
 - c) The most recent inspection report;
6. At no time employ more employees than permitted by the square footage requirements of the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act;
7. No cosmetology, esthetic, or nail services may be performed in a salon while the salon is moving. The salon must be safely and legally parked at all times while clients are present inside the salon. A salon cannot park or conduct business within 300 feet of another licensed cosmetology or nail establishment. The department is not responsible for monitoring for enforcement of this requirement but may discipline a license for a reported and verified violation;
8. The owner of the salon must have a permanent business address to receive correspondence from the department and to keep records of appointments, license numbers, and vehicle identification numbers. The owner must make these records available for inspection by the department; and
9. Not knowingly permit its employees or clients to use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances in the mobile salon.

Licensure Unit
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986
 Telephone: 402-471-2117
 E-mail: dhhs.licensure2117@nebraska.gov

**MOBILE SALON
APPLICATION**

For Office Use Only

License #:
 Issued:
 Expires:

FEE: \$150

OR \$37.50 (if issued between April 1st and September 30th of the ODD numbered years)

Make payable to: LICENSURE UNIT

Check the type of Mobile Salon:

Cosmetology
 Nail Technology

PLEASE PRINT OR TYPE

SECTION A: MOBILE SALON INFORMATION

1	Name of Salon:			
2	Salon Telephone #:			
3	Number of Licensees to be Working at the Salon at the Same Time:			
4	Anticipated Operation Date:		List the Total square feet of floor space:	
Please allow 30 days prior to the opening date for processing				
5	<p>Tracking Device: Do you have a global positioning system tracking device that enables the department to track the location of the mobile salon over the Internet?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is the device on board the mobile unit and functioning at all times the salon is in operation or open for business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer yes to the questions above, you must provide the department with all information necessary for the Department to track the salon over the Internet.</p> <p>Itinerary: Will you be submitting to the department a weekly itinerary (appointments) showing the dates, exact locations, and times that cosmetology, esthetics, and/or nail services are scheduled to be provided?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, will you be sending the weekly itinerary to the Department by: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Regular Mail</p>			

SECTION B: OWNER INFORMATION

Check the type of owner of this business:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietorship (sole owner) | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Governmental Unit |
| <input type="checkbox"/> Limited 1 liability company that has only one member | <input type="checkbox"/> Other: Identify Type _____ |
| <input type="checkbox"/> Limited liability company that has more than one member | |

If the salon is owned by a sole owner or partnership, complete this section

SOLE OWNER OR PARTNERSHIP:

1	Full name of the Business Owner(s) or Partners:			
2	Address of the Business Owner(s):	Street/PO/Route:		
		City:	State:	Zip:
3	If the applicant is a sole owner , identify the social security number of the owner		SS #:	
	Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.			
4	Business Phone #: (optional)*		Owner/Business E-Mail Address: (optional)*	
	* phone number and e-mail is optional, but providing this information will speed up communication with you			

If the salon is owned by a corporation, limited liability or government unit, complete this section

CORPORATION OR LIMITED LIABILITY COMPANY OR GOVERNMENT UNIT:

1	Name of Corporation, LLC, or Government Unit:			
2	Mailing address of the Business Owner(s) or corporate office.	Street/PO/Route:		
		City:	State:	Zip:
3	Federal Identification Number (FIN or EIN required in the event a refund is warranted)	FIN (EIN) #:		
4	Business Phone #: (optional)	Business Fax # (optional)	Owner/Business E-Mail Address: (optional)	
5	Name of each Person in Control of the Business (if space is not adequate, attach additional sheet)			

SECTION C: OPERATE PRIOR TO LICENSING

An individual who operates a mobile salon prior to issuance of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the license.

1	Have YOU operated this mobile salon in Nebraska prior to this application for a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answer yes, list the number of days you operated the mobile salon:	# of days: _____

SECTION D: APPLICATION ATTESTATION

If you are the SOLE OWNER OF THE SALON, you must complete the following:

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 (*check **ONE** of the boxes below*), I attest that:

I am a **citizen** of the United States;

OR

I am a **qualified alien** under the Federal Immigration and Nationality Act.

I am a **nonimmigrant** lawfully present in the United States.

Check this box if you are **NOT a citizen** of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

This application must be signed by the individual(s) listed below and dated:

1. By the sole owner, partners or the only member of a limited liability company that has only one member.
2. Limited Liability Company: by 2 of its members
3. Corporation: by 2 of its officers
4. Governmental unit having jurisdiction over the business: by the head of the governmental unit
5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official

Signature of Owner/Representative as listed above

Date

Signature of Owner/Representative as listed above

Date

You must attach the following documents:

1. The **completed application**.
2. A copy of the **mobile unit's insurance**.
3. A **detailed floor plan** or blueprint of the proposed salon which shows the square footage of the salon, entrance, locations of the sink and toilet, and any other rooms within the unit.
4. \$150 application **fee**.
5. The **self-inspection report** that relates to the services being provided. If you offer both cosmetology and nail technology services, you must complete both inspection reports.

Mobile salon licenses are in effect solely for the owner or owners and the mobile salon license expires automatically upon any change of ownership or change in mobile unit. An original application for a license must be submitted and approved before the mobile salon may reopen for business.

Mobile salon licenses expire September 30th of odd-numbered years.

**COSMETOLOGY MOBILE SALON
SELF-INSPECTION**

Licensure Unit
P.O. Box 94986 Lincoln, Nebraska 68509
(402) 471-2117

Mobile Salon Name: _____	
Owner Address: _____	
City _____	
Owner: _____	Tel#: _____

Column A: (Indicate "N/A" for Areas so not apply) Yes/No **Column B:** (Indicate "N/A" for Areas that do not apply) Yes/No

STRUCTURE			DISINFECTION & DISINFECTANT SOLUTION STORAGE		
1. Walls, Ceiling & Furniture clean & in good repair			27. Disinfectant Solution	Solution covered at all times	
2. Lighting clean/safe/in working order				Manufacturer's mixing directions followed	
3. Floors clean & free of unsafe objects/uneven surfaces				Changed when visibly cloudy/dirty and at least once per week	
4. Windows clean and safe				Solution is EPA registered	
5. Ventilation System and/or Fans	a. Fan clean		Name of Disinfection:		
	b. Ceiling vents clean				
	c. System/Fan Safe				
	d. Ventilation/open window/fan				
	e. Air set "ON" or "continuous"				
6. Electrical appliances clean and safe/no bare wires (blow dryer, curling iron, clippers, wax machines, etc)			28. Immersion Disinfection process followed	Remove foreign matter	
				Wash hands	
				Wash implement with hot water/soap	
				Thoroughly rinse implement in water	
				Place implement in EPA solution	
				Wash hands before removing implement	
				Rinse implement in water	
			Air dry/dry with clean towel/electric air		
			Place in clean enclosed container		
			29. Spray Disinfection process followed (metal implements, clippers)	Remove foreign matter	
				Wash hands	
				Spray implement until totally Saturated with EPA solution	
			30. No formaldehyde vapor nor ultra-violet ray treatment procedures used instead of immersion/spray disinfection		
STORAGE			BLOOD SPILL PROCEDURES		
7. Flammable/combustible chemicals stored away from potential sources of ignition			31. Client injury procedure followed		
8. Chemicals stored in closed bottles/containers			32. Licensee injury procedure followed		
9. Cabinets, drawers, containers used for storage of Implements/towels are clean			33. No Styptic pencils used		
10. Unused supplies are stored in clean, enclosed container/drawer			PRODUCTS		
11. Implements that have not been used on a client/soiled are placed in a labeled covered container until disinfected			34. Liquids, creams, etc kept in clean closed containers		
			35. Original bottles have original manufacturer labels		
			36. All product bottles labeled		
			37. Product removed with spatula, scoop, pump, etc		
			SUPPLIES & MATERIALS		
			38. Neck strips/clean towel used under cape OR sanitized or disposable cape (1per client) may be used		
			39. Non-disinfectable supplies/implements are disposed of in covered waste receptacle with plastic liner after each use (Q-tips, sponges, cotton balls, neck strips, etc)		
			40. No non-washable or non-disinfectable dusters or brushes used (sable/fabric)		
			HAIR REMOVAL WAX		
			41. Wax removed from machine with clean applicator		
			42. Wax machine clean		
TOWELS					
12. Cloth towels deposited in closed receptacle after use					
13. Used/soiled towels not used again until properly laundered and sanitized					
14. Disposable towels discarded in closed waste receptacle with a plastic liner immediately after use					
RESTROOM					
15. Chemicals (except deodorizers) in locked cabinets					
16. Clean and operational toilet and sink					
17. Suitable holders for toilet paper					
18. Clean waste receptacle, with disposable plastic liner					
19. Hot and cold running water					
20. Liquid Soap					
21. Single-use disposable towels/appropriate clean holder					
LAUNDRY FACILITIES					
22. Clean, including washer & dryer					
23. Closed receptacle for storing soiled towels					
24. Used for establishment laundry only/no personal items					
HANDWASHING					
25. Licensee washes/sanitizes hands before service					
26. Gloves free of tears/changed gloves if contaminated					

<p>FAIL RATING is determined by NO's marked: 8 or MORE No's in Column A, items # 1-26 5 or MORE No's in Column B, items #27-42</p>	<p>AUTOMATIC FAIL RATING is determined by A YES marked in any of the following:</p>																					
<p>Date of Inspection: _____</p> <p>Inspection Rating: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>A. Intoxicating Beverages/Controlled Substance on premise</td> <td></td> <td></td> </tr> <tr> <td>B. Pets in Establishment (aquariums/guide animals acceptable)</td> <td></td> <td></td> </tr> <tr> <td>C. Unlicensed persons providing services</td> <td></td> <td></td> </tr> <tr> <td>D. Unlicensed Establishment</td> <td></td> <td></td> </tr> <tr> <td>E. Inspector Denied Access to all salon areas, personnel, records</td> <td></td> <td></td> </tr> <tr> <td>F. Establishment in an Inoperable Condition (i.e. remodeling)</td> <td></td> <td></td> </tr> </table>				A. Intoxicating Beverages/Controlled Substance on premise			B. Pets in Establishment (aquariums/guide animals acceptable)			C. Unlicensed persons providing services			D. Unlicensed Establishment			E. Inspector Denied Access to all salon areas, personnel, records			F. Establishment in an Inoperable Condition (i.e. remodeling)		
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DOCUMENTS and RECORDS		Yes	No
43.	Rules of Sanitation Posted		
44.	Most Recent Inspection Report Posted		
45.	MSDS Sheets Accessible at all times to all employees		
46.	The following Records are Displayed in a Visible Place: a. The current license or certificate of consideration to operate a salon. b. The current licenses of all persons who are employed by or working in the salon. c. The most recent inspection report.		

OTHER		Yes	No
47.	Have an Adequate Supply of Clean Water and Waste Water Storage Capacity		
48.	Have a Sign with the Name of the Salon on it - Must be Over or Near Entrance		
49.	Entrance provides Safe Access to the Salon		
50.	The Salon meets the square footage requirements. The mobile salon must have at least 150 square feet of floor space. If more than one licensee is to be employed in the salon at the same time, the salon must include at least 50 square feet for each additional licensee.		

NAMES OF LICENSEES	License #	License Type	Posted	
			Yes	No
		<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Esthetician <input type="checkbox"/> Nail Technician		
		<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Esthetician <input type="checkbox"/> Nail Technician		
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YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

Signature of Owner or Mobile Salon Representative

Date Signed: _____

**NAIL TECHNOLOGY MOBILE SALON
SELF-INSPECTION**

Licensure Unit
P.O. Box 94986 Lincoln, Nebraska 68509
(402) 471-2117

Mobile Salon Name: _____	
Owner Address: _____	
City _____	
Owner: _____	Tel#: _____

Column A: (Indicate "N/A" for Areas so not apply) Yes/No **Column B:** (Indicate "N/A" for Areas that do not apply) Yes/No

STRUCTURE					
1. Walls, Furniture & Ceiling clean & in good repair					
2. Lighting clean/well light & in working order					
3. Floors clean & free of unsafe objects/uneven surfaces					
4. Windows clean and safe					
5. Ventilation System and/or Fans	a. Fan clean				
	b. Ceiling vents clean				
	c. System/Fan Safe				
	d. Ventilation/open window/fan				
	e. Air set "ON" or "continuous"				
6. Electrical Implements clean and safe/no bare wires (gel light, electric drill, air brush, etc)					
LAUNDRY FACILITIES					
7. Clean, including washer & dryer					
8. Closed receptacle for storing soiled towels					
9. Used for establishment laundry only/no personal items					
TOWELS					
10. Cloth towels deposited in closed receptacle after use					
11. Disposable towels discarded in closed waste receptacle after use					
12. Clean towels stored in a clean, enclosed, dust-proof container					
RESTROOM					
13. Chemicals (except deodorizers) in locked cabinet					
14. Toilet paper holders & adequate supply of toilet paper					
15. Clean waste receptacle					
16. Hot and cold running water / clean sink					
17. Liquid soap					
18. Single-use disposable towels / holder clean					
19. Clean toilet					
HANDWASHING FACILITIES - is required if no sink in restroom or only have public restroom					
20. Hot and cold running water					
21. Clean cloth or disposable towels					
22. Clean towel holders					
23. Liquid soap					
24. Clean waste receptacle					
HAND CLEANLINESS - LICENSEE/CLIENT					
25. Licensee washes/sanitizes hands before service					
26. Client washes/sanitizes hands before service					
NAIL STATION					
27. Table	Clean and disinfected after each client				
	Good Repair				
	Filter vent clean				
	Client hand supports vinyl/plastic & clean				
28. Client Chair clean and safe					
29. Nail Technician Chair clean and safe					
30. Waste Receptacle	1 per station				
	Clean, closed and has plastic liner				
31. Wet Sanitizer Container	1 per establishment				
	Outside clean and container closed				
32. Disinfectant Solution	Has Disinfectant and is clean				
	EPA registered solution				
	Deep enough to cover implements				
INDIVIDUAL CLIENT CONTAINERS					
33. Labeled with client's name					
34. Files, orange wood sticks, implements sanitized					
35. Container clean					
PRODUCTS, SUPPLIES & MATERIALS					
36. Liquids, creams, etc kept in clean closed containers					
37. Original bottles have original manufacturer labels					
38. All product bottles labeled (exception: dappen dishes)					
39. Product removed with spatula, scoop, pump, etc					
40. Cuticle oil dispensed with eye dropper-no client contact					
41. Uses only washable/disinfectable hand/nail dusters					
42. Does not use chamois buffers or course nail drill bands					
43. Manicure brushes disinfected after each use					
44. Non-disinfectable supplies and implements disposed					
STORAGE					
45. Cabinets/drawers/containers used for storage of implements and towels are clean					
46. Clean linen stored in enclosed, dust-proof containers					
47. Used Implements are NOT in container with clean					
48. Used/soiled implements in labeled covered container					
49. Sanitized implements stored in clean closed container					
50. Flammable/combustible chemicals stored away from Potential sources of ignition					
FOOTSPAS/PARAFFIN WAX					
51. Footspa/footbath clean & disinfected after each use					
52. Wax machine clean inside & outside/wax not re-used					

<p>FAIL RATING is determined by NO's marked: 8 or More No's in Column A, items # 1-26 5 or More No's in Column B, items #27-52 5 or More No's in Column C, items #53-62</p>	<p>AUTOMATIC FAIL RATING is determined by A YES marked in any of the following:</p>																																								
<p>Date of Inspection: _____</p> <p>Inspection Rating: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 10%; text-align: right;">Yes/No</th> </tr> </thead> <tbody> <tr> <td>A. Credo Blades/implements used for cutting Nail Beds, Corns, or Calluses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>B. Pets in Establishment -aquariums/guide animals acceptable</td> <td></td> <td></td> <td></td> </tr> <tr> <td>C. Unlicensed Nail Technicians</td> <td></td> <td></td> <td></td> </tr> <tr> <td>D. Unlicensed Establishment</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E. Denied Access to all Salon areas, Personnel, Records</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F. Establishment in an Inoperable Condition (i.e. remodeling)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>G. MMA Found in Establishment</td> <td></td> <td></td> <td></td> </tr> <tr> <td>H. Unlicensed practice (massage, waxing, facials, etc)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>I. Intoxicating Beverages/Controlled Substance on premise</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Yes/No	A. Credo Blades/implements used for cutting Nail Beds, Corns, or Calluses				B. Pets in Establishment -aquariums/guide animals acceptable				C. Unlicensed Nail Technicians				D. Unlicensed Establishment				E. Denied Access to all Salon areas, Personnel, Records				F. Establishment in an Inoperable Condition (i.e. remodeling)				G. MMA Found in Establishment				H. Unlicensed practice (massage, waxing, facials, etc)				I. Intoxicating Beverages/Controlled Substance on premise			
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Column C: Yes/No

DISINFECTION		Yes	No
53. Disinfectant Solution Print Name of Disinfectant in this box:	Solution covered at all times		
	Manufacturer's mixing directions followed		
	Changed when visibly cloudy/dirty and at least once per week		
	Solution is EPA registered		
54. Immersion Disinfection Process Followed (ex: metal implements)	Remove foreign matter		
	Wash hands		
	Place implement in EPA solution; Solution deep enough to cover implement & stays in solution for 10 min		
	Wash hands before removing implement		
	Air dry/dry with clean towel/electric air		
55. Spray Disinfection Process Followed (ex: nail tip cutters)	Remove foreign matter		
	Wash hands		
	Spray implement until totally saturated		
	Wash hands		
	Air dry/dry with clean towel/electric air		
56. Disinfection of Files Used on Same Client	Place in clean enclosed container		
	Remove foreign matter		
	Spray with disinfectant solution		
	Air dry/dry with clean towel		
	Store in individual clean client containers		
	Disinfect files up to 5 times, then discard		

Column C: Yes/No

FOOTBATHS/FOOTSPAS DISINFECTION		Yes	No
57. Between each Customer Disinfection Process Followed	Drain all water		
	Remove all foreign matter		
	Spray with EPA solution		
58. End of the Day Disinfection Process Followed	Wipe dry with clean towel		
	Remove screen		
	Clean all foreign matter trapped Behind the screen		
	Spray screen and area behind Screen with EPA solution		
	Wipe dry the screen & area behind screen with clean towel		
PARAFFIN WAX			
59. Wax used by one client is not re-melted and used by another client			
BLOOD SPILL PROCEDURES			
60. Client injury procedure followed			
61. Licensee injury procedure followed			
62. No Styptic pencils used			

DOCUMENTS and RECORDS

	Yes	No
63. Rules of Sanitation Posted		
64. Most Recent Inspection Report Posted		
65. MSDS Sheets Accessible at all times to all employees		
66. The following Records are Displayed in a Visible Place: a. The current license or certificate of consideration to operate a salon. b. The current licenses of all persons who are employed by or working in the salon. c. The most recent inspection report.		
67. Barber Area Clearly Identified (If you have one)		

OTHER

	Yes	No
68. Have an Adequate Supply of Clean Water and Waste Water Storage Capacity		
69. Have a Sign with the Name of the Salon on it - Must be Over or Near Entrance		
70. Entrance provides Safe Access to the Salon		
71. The Salon meets the square footage requirements. The mobile salon must have at least 150 square feet of floor space. If more than one licensee is to be employed in the salon at the same time, the salon must include at least 50 square feet for each additional licensee.		

Salon Name: _____

NAMES OF LICENSEES	License #	Posted	
		Yes	No

YOU MUST POST THIS INSPECTION REPORT FOR PUBLIC VIEWING

Signature of Owner or Mobile Salon Representative

Date Signed: _____