



Ledge Light Health District
943 North Road · Route 117
Post Office Box 909 · Groton, Connecticut 06340-0909

Name of Establishment _____

Address _____

<input type="checkbox"/> Annual Inspection	<input type="checkbox"/> Complaint
<input type="checkbox"/> Reinspection	
<input type="checkbox"/> Other: _____	

Services:

<input type="checkbox"/> Barber Shop	<input type="checkbox"/> Hairdressing/Cosmetology
<input type="checkbox"/> Pedicures	<input type="checkbox"/> Other _____

Based on an inspection this day, the items checked below identify violations of the Ledge Light Health District Cosmetology Ordinance, which must be corrected by the date specified.

A. Water Supply

- 1. Water supply adequate, safe 0
- 2. Hot and cold water under pressure, provided as required 0

B. Sewage Disposal

- 3. Approved method of sewage disposal 0

C. Plumbing

- 4. Approved plumbing fixtures, clean, maintained 0
- 5. No potential cross connection, back siphonage, backflow 0

D. Toilet/Handwashing Facilities

- 6. Toilets and washbasins adequate, convenient, accessible, designed, installed 0
- 7. Proper fixtures in good repair, clean 0
- 8. Soap in dispensers and single-service paper towels provided 0

E. Garbage Disposal

- 9. Adequate number of covered refuse containers provided, clean 0
- 10. Outside disposal area and enclosures properly constructed, clean 0

F. Floors/Walls/Ceilings

- 11. Floors properly constructed, in good repair, clean 0
- 12. Ceilings properly constructed, in good repair, clean 0
- 13. Walls properly constructed, in good repair, clean 0
- 14. Attached equipment, fixtures, properly constructed, maintained, clean, free of hair clippings 0

G. Lighting

- 15. Adequate lighting provided as required 0

H. Ventilation

- 16. Adequate ventilation, no excess heat or odors 0

I. Storage

- 17. Cabinets for clean linens and towels are adequate, clean, with tight fitting doors 0
- 18. Covered receptacle provided exclusively for soiled linens and towels 0

J. Housekeeping

- 19. In-Residence shop completely separate from living/sleeping quarters 0
- 20. No foods or beverages prepared, stored, or sold on premises unless permitted 0
- 21. No animals / pets 0
- 22. Aisles/work spaces properly maintained 0

K. Personnel

- 23. All personnel properly licensed as required by State 0
- 24. No person with infection or communicable disease attended or working 0
- 25. Good hygienic practices, smoking restricted 0
- 26. Clean outer garments 0
- 27. Hands washed with soap and water before serving each customer 0

L. Utensils/Equipment – Handling (other than Single Service)

- 28. The following items are prohibited: neck dusters, powder puffs, sponges, shaving brushes, shaving mugs 0
- Hair clippings removed frequently and in proper manner 0
- 30. Head rest covered with clean towels or paper 0
- 31. Sanitary paper strip placed around neck before protective device 0
- 32. Shaker-top container used for dispensing lotion or powders 0
- 33. Alum or other material to stop the flow of blood provided in powder or liquid form 0

M. Utensils/Equipment - Sanitizing (other than Single Service)

- 34. Utility sink provided for instrument cleaning 0
- 35. Equipment used on customer cleaned and disinfected after each customer 0
- 36. Utensils used on customers cleaned and sanitized after each customer 0
- 37. Proper use of recommended sanitizing/sterilizing device after thorough cleansing of implements 0
- 38. Disinfected utensils kept in sanitary covered containers when not in use 0
- 39. Linens and towels properly sanitized when washed on premises 0

Date of Inspection: _____

Date of Required Compliance: _____

 Director of Health / Authorized Agent

 Signature of Person in Charge