

SELF INSPECTION (This must be completed and returned with your shop's renewal application)

Name of Shop	License number of Shop
Owner of Shop	Address of Shop
Mailing address if different	Designated Licensee of Shop

Sign prominently displayed.	Yes	No	Comments:
License's displayed at front entrance of the salon.	Yes	No	Comments:
Vermont State issued Photo I.D. available (upon request) If not available, supply photo copy to Board within 30 days.	Yes	No	Comments:
General areas for customer's use are neat and clean with covered waste receptacles for trash.	Yes	No	Comments:
Floor surfaces in work areas are washable.	Yes	No	Comments:
Ventilation (see Rule 12.3 (a)(8)).	Yes	No	Comments:
Hot and cold running water in work area and bathroom; liquid soap supplied.	Yes	No	Comments:
Shampoo bowls, back board.	Yes	No	Comments:
Disinfectant, sterilizers used as needed. Spray disinfectants are present and used between every client, if applicable.	Yes	No	Comments:
Disinfectant solutions and sprays are Environmental Protection Agency (EPA) registered hospital and tuberculocidal approved.	Yes	No	Comments:
Shampoo capes & neck protectors.	Yes	No	Comments:
Sanitized tools and implements are stored in enclosed cabinets or covered receptacle.	Yes	No	Comments:
Soiled tools, linens and implements are kept separate from those which are clean or pre-sanitized.	Yes	No	Comments:

Disinfectant units on all manicurist stations.	Yes	No	Comments:
Wax Pots are clean, including the cover, collar, no sticks left in the wax.	Yes	No	Comments:
Blood Spill Kit.	Yes	No	Comments:
Flammable chemicals are stored in a non-flammable storage cabinet in a ventilated room.	Yes	No	Comments:
Material Safety Data Sheets (MSDS).	Yes	No	Comments:
Shop and immediate work area are free of insects, rodents, or any type of animal that is not a hearing or seeing eye dog.	Yes	No	Comments:
General condition of the shop.	Yes	No	Comments:
Operator's name License #	Yes	No	Comments:
Operator's name License #	Yes	No	Comments:
Operator's name License #	Yes	No	Comments:
Operator's name License #	Yes	No	Comments:

Signature of Owner	Date
Signature of Designated Licensee	Date

Please keep a copy of this inspection report for your records.