Inspection Report

A. SALON OR BOOTH NAME: Chris Oh Main Salon
ADDRESS: 740 Main
OWNER NAME: Cherie Sherman

B. TYPE OF SALON:
1. Salon
2. Cosmetology (all)
3. New
TYPE OF INSPECTION:
1. Salon
2. Cosmetology (all)
3. New
C. During all working hours. YES is satisfactory NO is NOT satisfactory
YES NO 1. Current licenses; Rules/Regulations, Unregulated Services Sign – Displayed
YES No-2. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions
YES NO 3. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged
YES NO 4. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures
YES NO 5. Disinfecting agent(s) available at station
YES NO 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements
YES NO 7. Disinfectant container available (large enough)
YES NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants
YES NO 9. Clean closed containers – to store only cleaned or disinfected tools
YES NO 10. Closed, labeled containers for soiled towels, linens, tools
YES NO 11. Pedicure station and tools clean and disinfected after each use
YES NO 12. Floors clean (no hair or nail clippings) and in good repair
YES NO 13. Walls, ceilings, fixtures, vents clean and in good repair
YES NO 14. Plumbing, hot/cold running water and central sewage system
YES NO 15. Electrical, appliance cords and outlets safe and in good repair
YES NO 16. Ventilation in work area
YES NO 17. Restroom, clean with disposable towels, liquid soap
YES NO 18. Storage room or cabinet for harmful supplies
YES NO 19. Hair work stations clean and disinfected
YES NO 20. Nail work stations clean and disinfected
YES NO 21. Esthetics work stations clean and disinfected
YES NO 22. Waste Containers emptied at least daily
YES NO 23. Sinks clean and disinfected, no hair or soap scum
YES NO 24. Hand sanitizer or hand-washing facilities available for use
YES NO 25. Hair tools new and/or clean and disinfected
YES NO 26. Nail tools new and/or clean and disinfected
YES NO 27. Esthetics tools new and/or clean and disinfected
YES NO 28. All single-use items disposed after each use
YES NO 29. All products are clean, closed, and labeled correctly, includes wax
YES NO 30. Disposal tools or equipment is used for products
YES NO 31. Electrical equipment clean and disinfected (electric clippers, elastic files or cutting iron)
YES NO 32. Attachments for electrical equipment clean and disinfected
YES NO 33. Private Residences – separate exit – separate from residential area
YES NO 34. Other laws and/or rules that apply (list )

D. List of Personal Licensees (first & last)

<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
<th>Expires</th>
</tr>
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<tbody>
<tr>
<td>Cherie Sherman</td>
<td>01-043974</td>
<td>11/30/2020</td>
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</tbody>
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E. Comments:

F. Date: 01/19/2020 Time: 10:00 AM
Signature: Cherie Sherman
Licensee reviewed inspection report with Inspector: YES / NO (If "no" why not)
RECHECK FAIL PASS

JAN 16 2020