

Cosmetology Inspection Report

Annual Semi-Annual Reinspection Complaint



Stratford Health Department

468 Birdseye Street • Stratford, CT 06615
(203) 385-4090
www.townofstratford.com/health

Other _____

ESTABLISHMENT NAME Angel Art Nails

ADDRESS 475 Hawley Lane

INSPECTION DATE 1/12/24

ENTERED

OWNER/OPERATOR _____

JAN 12 2024

(A) Customer Protection

1	Barbers/Beauticians/Establishment Licensed	5
2	License Displayed	1
3	Approved Sanitizer	5
4	Sanitizer Adequate, Accessible	5
5	Pedicure Station Properly Cleaned/Sanitized	5
6	Equipment and Implements Clean/Sanitized	4
7	Reuse of Single Use Implements Prohibited	5
8	Chemicals/Non-Chemicals Labeled	3
9	Reuse of Towels Prohibited	2
10	Credo Blades/Shaving Brushes Prohibited	5
11	Astringents - Powder or Liquid Form Only	1
12	Fingerbowl/Paper Liner Utilized	1

(B) Employee/Customer Hygiene

13	Personnel/Customer with Infection Restricted	5
14	Handwashing Facilities Provided	5
15	Pump Soap/Drying Device Provided	1
16	Technician's/Customer's Hands Washed / Clean	5
17	Good Hygienic Practices/Smoking Restricted	2
18	Clean Outer Clothes/Aprons Clean	1

(C) Plumbing/Sewage Disposal

19	Cross Connections - Back Siphonage	5
20	Hot & Cold Water Under Pressure	5
21	Sewage Disposal Approved	2
22	Impervious Plumbing Fixtures	1

(D) Equipment/Storage

23	Equipment Commercial Grade	3
24	Cleaning Chemicals Stored Separately	2
25	Covered Receptacle for Hair & Other Waste	1
26	Covered Receptacle for Soiled Linens	1
27	Adequate Storage Cabinets	1

(E) Lighting/Ventilation

28	Adequate Air Exchange	2
29	Adequate Lighting	1

(F) Toilet Facilities

30	Adequate, Accessible, Convenient	3
31	Mechanical Exhaust/Working Window	1
32	Pump Soap/Drying Device Provided	1
33	Covered Waste Receptacle Provided	1
34	Self-closing Toilet Room Door	1

(G) Floors/Walls/Ceilings

35	Floors Clean/Good Repair	1
36	No Accumulations of Hair Droppings	1
37	Floor/Wall Juncture Covered	1
38	Ceilings Clean, Good Repair	1

(H) Housekeeping

40	In-home Establishment Separated	1
41	Food and Beverage Sales Prohibited Unless Licensed	1
42	No Pets or Animals	1

NOTES: Employee - License #
- Sanitizer used is Barbicide
- Very clean & organized.
Li Xi U - 276
Wang Feng - 116
Chuang - 137

5	4	3	2	1	Total	Score
						100

SANITARIAN SIGNATURE

SIGNATURE OF PERSON IN CHARGE

CORRECTIONS DUE _____