

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: Gifted Hands INSPECTION DATE: 6/29/23

ADDRESS: 5 Woodend Rd. OWNER/OPERATOR: _____

(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: _____

6.) Replce sanitizer for Barbicide.
Near Barber chair.

* Must pay for License.

5	4	3	2	1	Total	Score	 SANITARIAN SIGNATURE
					4	96	

SIGNATURE OF PERSON IN CHARGE: Cheryl Aldridge CORRECTIONS DUE _____