

# Cosmetology Inspection Report

Annual  Semi-Annual  Reinspection  Complaint

ENTER



# Stratford Health Department

468 Birdseye Street • Stratford, CT 06615  
(203) 385-4090

www.townofstratford.com/health

Other \_\_\_\_\_

JAN 05 2024

*Nail Haus*  
ESTABLISHMENT NAME

*1925 Barnum Avenue*  
ADDRESS

*1-4-24*  
INSPECTION DATE

*Trina*  
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:  
*Trina Duong - 2541*  
*Kelly Duong - 2543*  
*Label spray bottles w pedicure station indicated after SWP*  
*31- needed*  
*no hot water at handsink - knobs broken - working*

5	4	3	2	1	Total	Score	SANITARIAN SIGNATURE
		3		1	84	98	<i>[Signature]</i>

SIGNATURE OF PERSON IN CHARGE \_\_\_\_\_ CORRECTIONS DUE \_\_\_\_\_