

BARBER/BEAUTY SHOP INSPECTION

For use of this form, see DA PAM 40-11; the proponent agency is OTSG.

1. INSTALLATION		CODE	2. BUILDING NO.		3. FACILITY DESIGNATION		CODE		
PERSON IN CHARGE OF FACILITY					5. COPY REPORT FURNISHED TO				
6. INSPECTOR (Last, First, Rank)			7. DATE (YYYYMMDD)			8. INSPECTION TIME (MINS)			
9. DEPLOYMENT DATA									
a. OPERATION		CODE	b. ESTABLISHMENT		CODE	c. LOCATION CODE			
10. PURPOSE			11. TYPE OF FACILITY			12. INSPECTION RATING			
<input type="checkbox"/> Regular	<input type="checkbox"/> Courtesy	<input type="checkbox"/> AAFES Barbershop	<input type="checkbox"/> AAFES Beauty Shop	<input type="checkbox"/> Satisfactory					
<input type="checkbox"/> Pre-opening	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Troop Barbershop	<input type="checkbox"/> Club	<input type="checkbox"/> Unsatisfactory					
<input type="checkbox"/> Other:	<input type="checkbox"/> Club Barbershop	<input type="checkbox"/> Other:	<input type="checkbox"/> Marginal						
13. INSPECTION CRITERIA (*= Critical deficiencies requiring immediate correction)									
No.	Description	Reference Paragraph	Deficiency		No.	Description	Reference Paragraph	Deficiency	
			Yes	No				Yes	No
EMPLOYEE HYGIENE					SANITARY PRACTICES				
*01	Employees do not work when ill with communicable diseases (e.g., boils, skin infections, etc.)	E-2a	<input type="checkbox"/>	<input type="checkbox"/>	*15	Patrons with boils, pimples or other inflammations referred to medical authority prior to services	E-5a	<input type="checkbox"/>	<input type="checkbox"/>
02	Current preemployment or periodic medical examination certificates (only when required by medical authority)	E-2b	<input type="checkbox"/>	<input type="checkbox"/>	*16	Only USDA-, FDA-, or EPA-approved barber and beauty supplies used and only for intended purpose	E-5b	<input type="checkbox"/>	<input type="checkbox"/>
03	Employees do not return to work after illness unless cleared by the medical authority	E-2b	<input type="checkbox"/>	<input type="checkbox"/>	*17	Persons with known or suspected lice infestations not served	E-5a	<input type="checkbox"/>	<input type="checkbox"/>
04	Clean uniform worn	E-2c	<input type="checkbox"/>	<input type="checkbox"/>	SANITATION OF INSTRUMENTS				
05	Employees smoke, eat or drink only in designated break areas	E-2d	<input type="checkbox"/>	<input type="checkbox"/>	*18	Instruments scrupulously cleaned between patrons	E-6a	<input type="checkbox"/>	<input type="checkbox"/>
SANITARY FACILITIES									
06	Not located in food service or sleeping areas	E-3a	<input type="checkbox"/>	<input type="checkbox"/>	19	Hair removed from clippers between patrons	E-6a	<input type="checkbox"/>	<input type="checkbox"/>
*07	Adequate hot and cold running water, adequate fixture and waste disposal, no cross-connections	E-3b	<input type="checkbox"/>	<input type="checkbox"/>	*20	Instruments disinfected as required:	E-6a & E-13f	<input type="checkbox"/>	<input type="checkbox"/>
08	Shop area kept clean, adequately lighted and ventilated. Outside area policed.	E-3c & d	<input type="checkbox"/>	<input type="checkbox"/>	a.	In event skin inflammation lesions are discovered on patron being served	E-6a	<input type="checkbox"/>	<input type="checkbox"/>
09	Adequate closed waste containers provided	E-3e	<input type="checkbox"/>	<input type="checkbox"/>	b.	At close of each day of operation	E-6a	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUMENTS, TOWELS AND DISPOSABLES					Only USDA or EPA disinfectants used; disinfectants used in accordance with label instructions				
10	Headrest covered with clean paper or towel for each patron	E-4a & E-13d	<input type="checkbox"/>	<input type="checkbox"/>	21	Fresh solution prepared at least daily	E-6b	<input type="checkbox"/>	<input type="checkbox"/>
11	Only individual freshly laundered or disposable neck strips used	E-4b	<input type="checkbox"/>	<input type="checkbox"/>	22	All instruments rinsed with potable water after disinfecting	E-6a	<input type="checkbox"/>	<input type="checkbox"/>
12	Reusable haircloths kept clean and changed at least daily	E-4c	<input type="checkbox"/>	<input type="checkbox"/>	23	POSTING OF REGULATION			
*13	No common brushes, neck dusters, shaving brushes or other similar multiuse brushes used	E-4d	<input type="checkbox"/>	<input type="checkbox"/>	24	Copy of Appendix E, DA PAM 40-11, posted	E-7	<input type="checkbox"/>	<input type="checkbox"/>
14	If synthetic brushes are used, cleaned between patrons and sanitized as required	E-4d	<input type="checkbox"/>	<input type="checkbox"/>					

13. INSPECTION CRITERIA (Continued)									
No.	Description	Reference Paragraph	Deficiency		No.	Description	Reference Paragraph	Deficiency	
			Yes	No				Yes	No
WAXING/TWEEZING/PLUCKING/THREADING					WAXING/TWEEZING/PLUCKING/THREADING (Continued)				
*25	Employee asks each patron requesting waxing, tweezing, or threading if he or she has diabetes, circulatory problems, or is highly susceptible to infections or unusually sensitive to waxing, tweezing, or threading prior to agreeing to services	E-13a	<input type="checkbox"/>	<input type="checkbox"/>	*35	Only EPA-registered disinfectants used to disinfect headrest of chairs used for waxing, tweezing, or threading procedures	E-13d	<input type="checkbox"/>	<input type="checkbox"/>
					36	Gloves disposed of after each patron	E-13c	<input type="checkbox"/>	<input type="checkbox"/>
					37	FDA-approved skin disinfectant used on area treated by tweezing, waxing, or threading	E-13e	<input type="checkbox"/>	<input type="checkbox"/>
26	Employee checks for sensitivity to waxing prior to beginning the waxing procedure	E-13a	<input type="checkbox"/>	<input type="checkbox"/>	*38	Tweezers cleaned and sanitized between patrons using approved chemical disinfectant	E-13f	<input type="checkbox"/>	<input type="checkbox"/>
*27	Waxes not used over varicose veins, moles, or warts	E-13a	<input type="checkbox"/>	<input type="checkbox"/>	*39	Clean, single-use paper towel used to blot any blood	E-13e	<input type="checkbox"/>	<input type="checkbox"/>
*28	Waxes not used on eyelashes, inside nose or ears, on the nipples or genital areas, or on irritated, chapped, sunburned, or cut skin	E-13a	<input type="checkbox"/>	<input type="checkbox"/>	*40	All equipment used for waxing procedures cleaned and disinfected	E-13h	<input type="checkbox"/>	<input type="checkbox"/>
*29	Use of glucose (water soluble) wax (Prohibited)	E-13b	<input type="checkbox"/>	<input type="checkbox"/>	RESERVED FOR FUTURE USE				
30	Hot wax heated to 257 °F (125 °C)	E-13b	<input type="checkbox"/>	<input type="checkbox"/>					
*31	Hot wax not reused after it comes in contact with patron's skin	E-13b	<input type="checkbox"/>	<input type="checkbox"/>					
*32	Oil-based strip (soft) wax not reused	E-13b	<input type="checkbox"/>	<input type="checkbox"/>					
33	Employee washes hands before and between each patron	E-13c	<input type="checkbox"/>	<input type="checkbox"/>					
34	Gloves worn at all times when performing waxing, tweezing, or threading	E-13c	<input type="checkbox"/>	<input type="checkbox"/>					
14. NARRATIVE/REMARKS									
15a. INSPECTED BY (Last, First, MI, Rank)					15b. E-mail address				
15c. SIGNATURE					15d. DATE (YYYYMMDD)				
16a. RECEIVED BY (Last, First, MI, Rank)					16b. E-Mail Address				
16c. SIGNATURE					16d. DATE (YYYYMMDD)				