

EAST SHORE DISTRICT HEALTH DEPARTMENT
688 East Main Street, Orchard Research Park, Branford, CT 06405 (203) 481-4233

FOR OFFICE USE ONLY:

Date: _____ Fee: _____ Payment Type: _____ Receipt #: _____ Paid by: _____

**BARBERSHOP, HAIRDRESSING, TATTOO, MASSAGE OR
COSMETOLOGY ESTABLISHMENT PLAN REVIEW**

FEE: \$125.00

Check One: ☐ New ☐ Remodeled ☐ Relocated

Name of Proposed Business: _____

Address of Business: _____

Town: _____ **Zip Code:** _____ **Phone:** (____) _____

Contact Person Name: _____ **Phone:** (____) _____

Contact Person Address: _____

Contact Email: _____

Owner Name: _____ **Phone:** (____) _____

Owner Address: _____

Type of Business: (check all that apply)

☐ Barber Shop (Hairdressing Only) ☐ Cosmetology ☐ Hairdressing Shop (Hairdressing Only)

I hereby attest by my check and initial next to each category, that I have adequately addressed each category as part of my plan review application.

<u>Category</u>	<u>Check</u>	<u>Initial</u>
1. Water supply	_____	_____
2. Sewage Disposal	_____	_____
3. Plumbing/Sinks	_____	_____
4. Toilet/handwashing facilities	_____	_____
5. Garbage Disposal/containers	_____	_____
6. Floors/Walls/Ceilings	_____	_____
7. Lighting	_____	_____
8. Ventilation	_____	_____
9. Laundry/Storage	_____	_____
10. Utensils/Equipment Handling	_____	_____
11. Personnel, Licensed Professionals	_____	_____
12. Sanitizing/Disinfection/ Procedures	_____	_____
13. Floor plan workstations, requirements	_____	_____
14. Fixed equipment spec. list	_____	_____
15. Cleaning Equipment storage/mop sink	_____	_____
16. Waiting area	_____	_____
17. Employee area	_____	_____
18. Foods and beverages	_____	_____
19. Shop in residence	_____	_____

I attest here that the information supplied above is accurate and correct.

Signature and Title _____ **Date** _____

Please type or print name _____

-----For office use only-----

ESDHD Approval date: / / **Signed:** _____ **Title:** _____

Comments:

Note: Signature of ESDHD signifies that the plan meets local health regulation plan review requirements only. It does not imply approval from any other local agency including Zoning, Fire, or Building. You must consult with these other agencies for their respective requirements.

Checklist:

- _____ 1. Water Supply Safe/Adequate**
- _____ 2. Sewage Disposal Approved**
- _____ 3a. Utility Sink/All Purpose**
- _____ 3b. Mop Sink**
- _____ 3c. Other Sinks & Backflow Prevention on Plumbing Equipment**
- _____ 4. Handwash Sinks & Toilet Facilities**
- _____ 5. Garbage/Waste Disposal**
- _____ 6. Floors, Walls & Ceiling Schedules**
- _____ 7. Lighting**
- _____ 8. Ventilation Requirements**
- _____ 9. Laundry/ Storage**
- _____ 10. Utensils/Equipment Handling**
- _____ 11. Personnel, Licensed Professionals**
- _____ 12. Sanitizing/Disinfection/Procedures**
- _____ 13. Floor Plan Workstations, Requirements**
- _____ 14. Fixed Equipment Specification List**
- _____ 15. Cleaning Equipment Storage/Mop Sink**
- _____ 16. Waiting Area**
- _____ 17. Employee Area**
- _____ 18. Foods and Beverages**
- _____ 19. Employee Area Establishments in Residences**

1. Water Supply

There must be an adequate supply of pressurized potable water to the establishment. There also needs to be sufficient hot water generating capacity to properly disinfect, handwash and maintain sanitary practices.

Adequate source of Hot/Cold water under pressure? Y___ N___
Properly Sized Hot Water Heater? Y___ N___
Public Water Supply___ Well___

If the establishment is served by a well, then documentation that the well is registered as a Transient Non-Community Water Supply must be submitted with the plan review. If not registered, please request a registration form from the health district. **A copy of the most recent well water test report must be submitted with the plan review.**

2. Sewage Disposal

Municipal___ Septic System___ Tank Size___ Leaching area (ft²)___

If the establishment is served by an on-site sewage disposal system, you will need to submit a copy of the as-built drawing of the system and/or a permit to discharge. We will also require a copy of the latest septic tank pump out (pump out date must not be more than 12 months old)

Please list the current use of the salon space _____

If your proposal for a cosmetology establishment constitutes a change of use per Section 19-13-B100(a) of the CT Public Health Code, then a review of the discharge capacity of the existing sewage disposal system will be required by the ESDHD. Please consult with the ESDHD on whether your proposal constitutes a change of use.

We require that, to the best of your ability, your establishment discharge liquid wastes in accordance with the most up to date recommendations of best practices as outlined in the document: **Best Management Practices for the Protection of Ground Water, printed by the Connecticut Dept. of Environmental Protection. (Copies available at ESDHD office)**

3. Sinks

All sinks must be of sound construction and the surfaces must be non-porous and easily cleanable. **Each type of fixture below must be a dedicated sink for that purpose only.**

Sinks nonporous and easily cleanable? Y___ N___

- a. *Utility/All Purpose* – Convenient & Accessible for proper cleaning of surfaces & equipment, dedicated use.

Sink Provided Y___ N___

- b. *Mop Sink* – Proper mop water disposal area. Mops must be hung to dry, dedicated use.

Sink Provided Y___ N___

- c. *Hair Washing Sinks* – All wands and extensions must have backsiphon prevention devices, dedicated use.

Number of Sinks___ Backsiphon Prevention Devices? Y___ N___

- d. *Pedicure Stations* – Must have backsiphon prevention device, dedicated use.

Number of Stations___ Backflow Prevention Device? Y___ N___

4. Handwashing & Toilet Facilities

At least one handwash sink must be convenient & accessible to each private room & work area. If you are unsure about this requirement, ask your ESDHD inspector.

___ Number of workstations ___ Number of handwash sinks

Each handwash sink equipped with pump soap and single use hand towels? Y___ N___

Toilet Facilities must be in compliance with all applicable State & Local Codes & Regulations.
Please consult with your local building official.

___ Number of Bathrooms

___ Adequate Pump Soap, Paper Towels & Covered Receptacle per bathroom?

Doors Self-Closing? Y___ N___ Adequate exhaust ventilation? Y___ N___

5. Garbage Disposal

Tightly covered containers must be supplied for workstations, toilet rooms, and exterior storage areas.

Solid waste disposal:

___ Dumpster ___ Garbage cans ___ pick up frequency/week

6. Floors, Walls, Ceilings

All walls and floors must be durable, impervious and easily cleanable and preferably of light color. No carpeting is allowed in work/treatment areas. Carpeting used in non-workspace areas must be of commercial grade.

Floor Material: ___ Bathroom ___ Utility/Storage Areas
 ___ Work Areas ___ Waiting Areas

Wall Materials: ___ Bathroom ___ Utility/Storage Areas
 ___ Work Areas ___ Waiting Areas

Ceiling Material: _____

7. Lighting

Adequate Lighting provided in all work areas? Y___ N___

8. Ventilation

Ventilation must be capable of effectively removing excess heat, vapors & odors. External discharge of vented air must not create a nuisance condition to anyone outside of the premises. Vapor Barrier must be installed to a height of the full partition in establishments that share walls with an adjacent use. The local building official must approve the adequacy of exhaust ventilation.

Adequate Ventilation? Y___ N___

9. **Storage/Laundry Facilities**

All laundered items must be properly disinfected. Clothes dryers must be adequately exhaust vented to the exterior, and in compliance with building and fire codes.

___ On-site laundry ___ Off-site laundry service

Type of Disinfection: Colors Whites

Clothes dryer on premises properly exhaust vented? Y ___ N ___

Linen Storage

___ Covered bin for soiled linens ___ Cabinet for clean linens

Proper storage for: ___ Cleaning Supplies ___ Chemical/Sanitizer Storage

___ Service Item/Equipment ___ First Aid Kit Provided

10. **Utensils/Equipment Handling**

All equipment and general areas must be cleaned on a regular basis, and be free of visible dirt, hair, clippings etc. This includes all floors, counters, drawers, bathroom fixtures, sinks, cabinets, tables, chairs, containers, etc. A written cleaning schedule should be strictly adhered to and enforced by the management. The cleaning schedule should be made available to the cosmetology inspector upon request. Multi-use utensils, once disinfected between uses, should be properly stored to prevent contamination during storage.

11. **Personnel, Licensed Professionals**

Professional licensing: All individuals performing barbering, hairdressing or cosmetology services must be in possession of a valid license from the State of Connecticut. The State of Connecticut passed public act 04-221 in 2004, which suspends the requirement for technicians performing pedicures to be a licensed individual, however that individual must be working under the supervision of a licensed professional. Permanent make-up constitutes a form of body tattoo. In order to perform this service, technicians must meet specific physician oversight requirements outlined in Connecticut General Statute section 19a-92a-1.

In addition to performing facials, eyebrow arching, manicuring fingernails and braiding hair, unlicensed persons may, for cosmetic purposes only, trim, file, and paint healthy toenails, **excluding** cutting nailbeds, corns and calluses or other medical treatment involving the foot or ankle.

Number of licensed Hairdressers, Barbers, or cosmeticians employed _____

(Provide the ESDHD with photocopies of valid and current CT licenses)

Establishment permit: A valid permit to operate, issued by the ESDHD, per local ordinance, must be prominently displayed within the establishment.

Independent operators who are not employees of a salon or shop must individually obtain a permit from the health district. Permits are not transferable from person to person or from location to location. For more information, contact your cosmetology inspector at the health district.

12. Sanitizing/Disinfection/Procedures

Specify products and procedures for sanitizing or disinfecting the following equipment:

Hairdressing
Combs and Brushes _____
Scissors _____
Clippers _____

Manicure
Nippers/Metal Implements _____
Files/Buffering Blocks _____
Tables/Handrests _____

Pedicure
Clippers/Metal Implements _____
Files/Buffering Blocks _____
Spa/Water Baths _____

Waxing
Tweezers/Metal Implements _____

13. Work Stations

The spatial arrangement of each work station must adhere to the following minimum standards: At least sixty (60) inches apart center to center, minimum thirty-six (36) inches from the wall. Two (2) foot wide work space behind chair for operator. Three (3) foot wide aisles separate and distinct from workstation space must be maintained at all times. Mobile workstations must comply with spatial requirements of fixed equipment. No equipment should be located in waiting rooms or aisle space.

____ Number of Chairs

14. Fixed Equipment Specification List

All cabinetry, drawers and shelving shall be of durable easily cleaned and washable material.

Fixed equipment details: Provided _____ Not Provided _____

Work counters must be smooth, durable, nonporous and easily cleanable.

15. Cleaning Equipment Storage

Dedicated storage area for Mops and Brooms and cleaning chemicals.

Cleaning equipment storage area provided: _____ Yes _____ No

16. Waiting Area

All customer/client waiting areas must be shown on plan. No hairdryers shall be placed in any waiting room.

____ Provided
____ Not Provided

17. **Employee Lounge Area**

Designated for storage of personal items, clothing, food consumption.

☐ Provided
☐ Not Provided

18. **Foods and Beverages**

☐ Provided
☐ Not Provided

Type of service provided _____

If the serving of any food or beverages is planned for the establishment, you should immediately consult with your cosmetology inspector for any additional health requirements.

19. **Barbershops/Hairdressing and/or Cosmetology Shop in Residence**

A barbershop or hairdressing and/or cosmetology practice located in a residence must be separated from the residence with ceiling high partitions and provided with a door to be closed at all times.

Separation: ☐ Yes ☐ No

The area within a home operated as a barbershop or hairdressing and/or cosmetology shop must fully comply with all codes and ordinances as required of any commercial establishment.