



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REGULATION
 1940 N. Monroe St., Tallahassee, FL 32399-2212
COSMETOLOGY SALON INSPECTION FORM
 INSPECTION AUTHORITY - Rule 61G5-20.003, Florida Administrative Code

Date:	_____
Time:	_____
Mileage:	_____
Inspection Hours:	_____
(Includes travel time)	

ESTAB. NAME: _____ License No.: _____
 ESTAB. ADDRESS: _____ Exp. Date: _____
 _____ Bus. Phone: (____) _____

Owner's Name: _____

SATISFACTORY: YES NO			SATISFACTORY: YES NO		
GENERAL LICENSING REQUIREMENTS			0120	Hair removed from floor and in a closed container [61G5-20.002(1)(c)1]	
0101	Salon currently licensed [477.0265(1)(b)1., F.S.]		0121	Adequate toilet/lavatory facilities on premises or in building within 300 feet [61G5-20.002(1)(c)2]	
0102	Current salon license conspicuously displayed in view of front entrance [61G5-20.004(1)(a)]		0122	Toilet and lavatory facility well lighted, in good repair and adequately ventilated [61G5-20.002(1)(c)2]	
0103	Most recent inspection sheet conspicuously displayed in view of front entrance [61G5-20.004(1)(b)]		0123	Toilet tissue, waste receptacle, hand cleaning materials, sanitary towels or dryer provided [61G5-20.002(1)(c)2]	
0104	Salon not operating in same licensed location with any other business which adversely affects sanitation [61G5-20.002(3)]		0124	Clean linens kept in closed dustproof cabinet [61G5-20.002(2)(a)]	
0105	Specialty establishment/salon has hot and cold running water on premises [61G5-20.002(1)(c)5.]		0125	Soiled linens kept in closed receptacle or in open container away from public service area [61G5-20.002(2)(a)]	
0106	Salon and adjoining other business separated by permanent wall, each with separate distinct entrances [61G5-20.002(3)]		0126	Sanitary towel/neck strip for each patron [61G5-20.002(2)(a)]	
0107	Full service salon contains minimum of 200 square feet of floor space with two Cosmetologists/Specialists maximum [61G5-20.002(4)]		0127	Containers used for waving lotions and other preparations; creams removed from containers by spatulas [61G5-20.002(2)(b)]	
0108	Specialty salon contains minimum of 100 square feet of floor space with one Cosmetologist/Specialist and additional 50 square feet per licensee [61G5-20.002(5)]		0128	Sufficient combs/brushes/implements to allow adequate disinfecting after each use [61G5-20.002(2)(c)]	
0109	Salon in residence has entrance other than through living quarters [61G5-20.002(1)(c)3]		0129	Combs/instruments not carried in pockets [61G5-20.002(2)(c)]	
0110	Salon in residence separated from living quarters by a permanent wall construction [61G5-20.002(1)(c)3.]		0130	Hospital quality/EPA approved disinfecting methods utilized for disinfecting practices [61G5-20.002(2)(d)]	
0111	Salon in residence has toilet and lavatory with entry other than through living quarters [61G5-20.002(1)(c)3]		COSMETOLOGIST/SPECIALIST LICENSING REQUIREMENTS		
0112	All Cosmetologists/Specialists/Barbers currently licensed [477.0265(1)(a), F.S.][476.194(1)(a), F.S.]		0131	Salon equipped with wet sanitizer/utilized with cover [61G5-20.002(2)(d)1.]	
0113	All Cosmetologists/Specialists/Barbers licenses conspicuously displayed at work station with recent photograph [61G5-20.004(2)][61G3-19.009(1)]		0132	Effective and approved disinfecting methods utilized [61G5-20.002(2)(d)2a-d]	
0114	Not employing person(s) to practice cosmetology/specialty without valid active license [477.0265(1)(d), F.S.]		0133	All combs, brushes, and metallic implements which come in contact with blood or body fluids shall be immersed in EPA registered tuberculocidal disinfectant [61G5-20.002(d)3. b.]	
0115	Not permitting unlicensed or not registered person(s) to perform cosmetology services [477.0265(1)(b)2., F.S.]		0134	All cleaned/disinfected equipment stored in clean closed cabinet or container separated from undisinfected articles [61G5-20.002(2)(e)]	
0116	Cosmetology school graduate working under supervision of licensee and provides proof of licensure examination status to salon owner in compliance with Rule [61G5-20.008]		0135	No service performed on patron with visible communicable disease/pediculosis or open wound [61G5-20.007(1)]	
SALON SANITATION REQUIREMENTS			0136	Cosmetologist/Specialist with visible communicable disease, pediculosis or open wound not performing services [61G5-20.007(2)]	
0117	Salon well ventilated [61G5-20.002(1)(c)1]		0137	No animals or pets in salon except those trained to assist impaired or disabled [61G5-20.002(1)(c)4]	
0118	Separate area for servicing nails which is adequately ventilated [61G5-20.002(1)(c)1]				
0119	Salon walls, ceiling, furniture and equipment shall be kept clean and free from dust [61G5-20.002(1)(c)1]				

Persons Employed	License Number	Persons Employed	License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Signature of Owner or Licensee _____ Date _____ Inspector/Investigator Signature _____