



IDFPR
Illinois Department of
Financial and Professional Regulation
Division of Professional Regulation

**SALON/SHOP ANNUAL
SELF-INSPECTION FORM**

Date of Inspection: _____

Salon/Shop License No.: _____

Salon/Shop Name: _____

68 IAC 1175.1335: Every registered salon or shop shall conduct an annual self-inspection using forms provided by the Division. The annual self-inspection shall be conducted during the same month, annually, as determined by the salon or shop. Documentation of the self-inspection shall be maintained at the salon or shop for 5 years and shall be made available for review by Division investigators.

LICENSING & REGISTRATION REQUIREMENTS:	
Do you have a current (not expired) salon/shop registration issued by the IDFPR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your salon/shop registration certificate displayed in a prominent public place in the salon/shop where clients can easily see the registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the name of the owner and address on the salon/shop registration current and correct?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all licenses for all licensees who perform services at the salon/shop current and active and displayed in a prominent public place in the salon/shop where clients can easily see the license(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SANITARY & SAFETY REQUIREMENTS:	
Failure to comply with these standards shall be considered unprofessional conduct and may be determined to be a violation pursuant to Section 4-7 of the Act.	
DEFINITIONS: "Clean" means free of soil, dust, contaminants or impurities, or recently laundered and unused, or the removal of soil, dust, etc., by washing, sweeping, clearing away, or any other appropriate method. "Disinfect" means the use of a chemical agent that eliminates harmful bacteria, fungi and viruses on surfaces. "Disinfectant" means a chemical agent that eliminates harmful bacteria, fungi and viruses. "Hospital Grade Disinfectant" means a disinfectant that is registered with the Environmental Protection Agency (EPA) as a hospital-level disinfectant and that performs the functions of bactericides (kill harmful bacteria), virucides (kill pathogenic viruses), and fungicides (destroy fungus).	
Do you have adequate disinfecting or sterilizing equipment maintained for the number of licensees, usage requirements, and volume of business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are disinfecting agents kept at adequate strengths to maintain effectiveness, free of residue and available for immediate use at all times the salon or shop is open for business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all tools, implements and items that come in direct contact with a client cleaned and disinfected or disposed of after use on each client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all non-disposable manicure tools and implements cleaned and disinfected with a hospital grade disinfectant after use on each client?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Are all items designed to be disposed of after a single use, such as orangewood sticks, cotton, gauze, neck strips, nail wipes, tissues, sponges, paper towels, wooden applicators and spatulas, emery boards or porous nail files, buffer blocks, pumice stones, sanding bands or sleeves and disposable nail bits disposed of after each use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all new and/or disinfected and cleaned tools stored separately from all others?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all manicure tables, work stations and facial chairs cleaned and disinfected with a hospital grade disinfectant before and after serving each client?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Salon/Shop Name: _____ License No.: _____ Date: _____

Are all head rests of any chair protected with a disposable cover and changed after each use, or a clean washable towel may also be used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all items subject to cross-contamination by re-dipping into a multi-use container, such as creams, cosmetics, astringents, lotions, removers, waxes, moisturizers, masks and oils used within a field of practice, dispensed from containers to prevent contamination of the unused portion? And is any product that becomes contaminated discarded after use on that particular client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your paraffin wax always used in a manner that prevents contamination of wax remaining in the paraffin bath or container, such as application with a single use or sanitized spatula or applicator or disposal of any used wax? Is your paraffin wax always covered when not in use and maintained at a temperature specified by the manufacturer's instructions?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Are all articles that come in direct contact with the client's skin that cannot be cleaned or disinfected disposed of immediately after use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all clean towels kept in a closed or covered space?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all clean or disposable esthetics sheets, gowns and head coverings kept in a closed or covered space?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Do all Licensees observe and follow thorough hand washing with soap and water or any equally effective cleansing solution or waterless hand sanitizer before and after serving each client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do all Licensees ensure that each client's hands or feet are washed with soap and water or waterless hand sanitizer prior to performing any manicuring or pedicuring services?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Do you check to ensure nail products used or distributed do not contain monomer Methyl Methacrylate (MMA), which is prohibited?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Are clean towels used for each client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are clean or disposable esthetics sheets, gowns and head coverings used for each client?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Are neck strips or towels placed around the client's neck and changed after each use to prevent direct contact between a common use hair cloth or cape and the client's skin?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Are hair clippings not allowed to accumulate and disposed of in a covered container?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Are all floor surfaces kept clean, orderly and in good repair?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all storage drawers for clean tools and implements clean, free of hair and used only for clean tools and implements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all soiled towels kept in a covered container that is large and sturdy enough to store all soiled items, towels or linens after use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all shampoo bowls and sinks clean and free of hair and residue after each use?	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO
Are all equipment, mirrors, lights and similar closures, furnishings, attached equipment, decorative materials and fixtures kept clean and in good repair?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all walls, doors, windows and ceilings clean and free of excessive spots, mildew, condensation or peeling paint?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all storage cabinets, work stations and vanities kept clean?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all roller-storage receptacles and contents clean and free of hair and residue?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all outer surfaces of waste disposal containers kept clean?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Salon/Shop Name: _____ License No.: _____ Date: _____

Does your salon/shop provide adequate ventilation as required by the city, county or municipality to keep the salon/shop free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your salon/shop provide access to licensees to a safe and adequate supply of continuous hot and cold running water from an approved source (see Illinois Plumbing Code (77 Ill. Adm. Code 890))? (Sinks located in the restroom do not qualify as a water source)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you knowingly permitted any person suffering from a serious communicable disease, as defined in 77 Ill. Adm. Code 690, to work on the premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do all Licensees ensure that they do not massage any surface of the skin or scalp where the skin is inflamed or where a skin infection or eruption is present?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you ensure Licensees are not required to work upon or provide services to a person suffering from a serious communicable disease, as defined in 77 Ill. Adm. Code 690?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you ensure pets or other animals are not permitted in the salon/shop at any time? (This prohibition does not apply to a service animal under the ADA)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Do you comply with the Pedicure Equipment Cleaning and Disinfecting Procedures below? The following procedures, as developed by the International Nail Technicians Association, shall be followed for all pedicure equipment, such as whirlpool pedicure foot spas, self-contained foot basins, sinks and pedicure bowls:</p> <p>1) After each client:</p> <p>A) Drain all water from the foot spa, pedicure basin or bowl;</p> <p>B) Clean the interior surfaces and walls of the foot spas or basin with soap or detergent to remove all visible debris; rinse with clean, clear water;</p> <p>C) Disinfect by spraying the interior surface of the foot basin or bowl with either an EPA-registered disinfectant (demonstrated bactericidal, fungicidal, and virucidal activity used according to manufacturer's instructions) or 10% bleach solution; and</p> <p>D) Wipe dry.</p> <p>2) At the end of every day, after the last client:</p> <p>A) Perform the procedures of subsection (c)(1);</p> <p>B) Remove the screen from whirlpool basin. All debris trapped behind the screen of each foot spa shall be removed with a brush and soap or detergent; then the screen and the inlet shall be cleaned to remove all visible debris with soap or detergent and water;</p> <p>C) Before replacing the screen, totally immerse the screen in either an EPA-registered disinfectant or 10% bleach solution;</p> <p>D) Fill the basin with warm water and low-sudsing soap, turn the system on and flush the spa system for 5 minutes, then rinse and drain.</p> <p>3) Once every week:</p> <p>A) Repeat the procedures of subsection (c)(2); then fill the foot spa or basin with cold water and one tablespoon of 5.25% liquid household bleach (or the equivalent) for each one gallon of water based on the capacity of unit;</p> <p>B) Turn unit on and circulate the bleach solution through the system for 5 to 10 minutes; turn unit off;</p> <p>C) Let the bleach solution sit in the spa or pedicure basin overnight (at least 6-10 hours);</p> <p>D) The following morning, and before the first client, drain bleach solution;</p> <p>E) Fill the basin with clean water, turn the system on and flush the system with clean water and drain.</p> <p>4) Logs: Make a record of the date and time of the weekly cleaning and disinfecting. The record for the last 90 days shall be readily accessible and available upon client or inspector</p>	<input type="checkbox"/> YES or N/A <input type="checkbox"/> NO

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Salon/Shop Name: _____ License No.: _____ Date: _____

request. Separate logs for weekly and daily procedures are needed but may be kept in the same document log.	
<p>Do all Devices/Equipment used in your salon/shop meet the following requirements?</p> <p>1) All manual or mechanical devices and equipment used in the practice of barbering, cosmetology, esthetics, hair braiding or nail technology must meet all "product registration requirements" imposed by any federal, State, county or local authority.</p> <p>2) All manual or mechanical devices or equipment used in the practice of barbering, cosmetology, esthetics, hair braiding or nail technology must be used in accordance with the "product safety requirements" imposed by any federal, State, county or local authority.</p> <p>3) Each licensee must verify, maintain, or be able to access documentation related to any device classified by the FDA that is used in the practice of barbering, cosmetology, esthetics, hair braiding or nail technology.</p> <p>4) Licensees may not use any manual or mechanical device or equipment unless the use is part of the delivery of services within the licensee's scope of practice and is consistent with the manufacturer's intended use of the device and with client health and safety.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p><u>IF YOU ANSWERED NO TO ANY OF THE ABOVE – PLEASE INDICATE THAT YOU HAVE CORRECTED THESE ISSUES:</u></p>	<p><u>DATE CORRECTED:</u></p>

ATTESTATION OF PERSON COMPLETING SALON/SHOP ANNUAL SELF-INSPECTION:

I attest that I, _____ (name) completed this salon/shop self-inspection on _____ (date), and that this form is accurate regarding the inspection.

BY: _____
Signature