SALON PLAN REVIEW APPLICATION for Barbering, Hairdressing, Cosmetology, Nail, Tanning, Tattoo and Body Piercing WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT 580 Cottage Grove Road, Suite 100 BLOOMFIELD, CT 06002 (860) 561-7900 PHONE (860) 561-7918 FAX Plan Review Fee: \$125					
NEWREMODEL ADDITIONAL SERVICES					
Name of Salon:					
Salon Address:					
Phone (if available): Email:					
Name of Owner or Owner's Representative:					
Mailing Address:					
Telephone:					
Applicant's Name and Relationship to Owner (self, manager, etc.):					
Mailing Address:					
Telephone:					
Please note the dates that plans have been submitted to the following agencies:					
Building Department					
Fire Marshal					
Zoning Department					

Hours of Operation

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Total Square F	eet of Facility: _					
Projected Date for Start of Construction:						
Projected Date for Completion of Project:						

The following documents must be included for review:

Copies of licenses if applicable Floor plan of salon, showing location of all equipment and facilities

Services Provided (check all that apply)				
Barbering				
Hairdressing				
Cosmetology				
Nail				
Tanning				
Tattoo				
Body Piercing				

G	eneral Sani	itization Re	view	
Please list all disinfectants, sanitizers,				
and sterilization equipment used:				
Where are disinfectants and sanitizers				
stored:				
Where are clean and sanitized				
instruments stored:				
How often is reusable equipment				
cleaned and sanitized:				
Is there sanitizing solution at each	Yes	No	Not	Comments:
hair cutting station:			Required	
Puncture proof container provided for	Yes 🗖	No	Not	Comments:
sharps or pointed articles?			Required	

Disinfection of Foot Spas/Water Baths				
Is an antimicrobial additive available for foot spa/water bath?	Yes	No	Comments:	
Please describe how foot spas/water baths are disinfected between uses:				
Please describe how the filters of foot spas/water baths are cleaned and disinfected:				

	Cosmetics
Please describe how makeup brushes are	
sanitized between uses:	

Tanning Devices					
Disposable protective goggles available for patron use:	Yes	No	Comments:		
Sanitizing solution readily available for patron use:	Yes	No	List solution used for each device:		

Towels and Linens				
Laundered on site:	Yes	No	Not Required	Comments:
Commercial laundry service:	Yes	No	Not Required	Name of commercial service:
Are fresh, clean linens used with each client?	Yes	No	Not Required	Comments:

_Other				
Is there a written communicable disease	Yes	No	Comments:	
policy:				
Please describe written communicable				
disease policy:				

STATEMENT: I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior approval from the West Hartford-Bloomfield Health District is prohibited.

Signature(s)

Owner(s) or Responsible Representative(s)

Date:

Approval of these plans and specifications by the West Hartford-Bloomfield Health District does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed salon (structure or equipment). (A pre-opening inspection of the salon with equipment in place and operational will be necessary to determine if it complies with the local and state laws).