





Joint Information Cell • Health Emergency Operations Centre

0/15104	Name of Owner:	
Type of Business:	Email Address:	Contact#:
ocation of Rusin	occ.	# of Employees

		Yes	No	Comments
Floor,	Walls and Ceilings			
a)	Clean, smooth and in good repair			
Ventil	ation and Lightning			
a)	Adequate ventilation and well-lit (100 cft)			
b)	Free of odor and condensation			
Chairs	s/Beds and Shop Equipment			
a)	Easy to clean			
b)	No open seams or tears			
c)	Cases, shelves, tables, mirrors, etc. Clean and free of dust and powder			
Sink F	acilities			
a)	Adequate in number			
b)	Clean and unobstructed			
Water	Supply			
a)	Adequate supply of hot and cold running water			
Restro	oom Facilities			
a)	In good repair, clean and disinfected regularly			
b)	Adequate ventilation			
c)	Provision of liquid soap; toilet-paper and paper-towel in dispenser			
d)	Proper receptacle			
Linen				
a)	Adequate supply of clean linen available			
b)	Clean and soiled linen stored adequately			
Establishment Sanitation				
a)	Shop in residence of other business separated by a partition from floor to ceiling.			
b)	General sanitation adequate			

#BVILOVE #COVID19BVI











Medical Hotline: 852-7650 (8:30a.m. - 4:30p.m.) | COVID-19 Information Call: 468-2274







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Beauty Salon, Barbershop & Spa Inspection Checklist continued

Personal Hygiene					
a)	Clean and protective clothing				
b)	Hands and finger nails cleaned				
	Hands washed before servicing each client				
d)	No smoking in the establishment				
Work	Station(s)				
a)	Clean, sanitised and organised				
Sterili	sation				
a)	All tools and instruments are sterilised/sanitised before re-use and				
	kept in a sanitary manner				
b)	Tools kept in sterilisers at all times				
Infort	when not in use (where applicable) ion Control				
	Hand wash station or hand sanitiser				
a)	positioned at the entrance of				
	establishment				
b)	Hand-wash station equipped with				
	liquid soap and paper towel				
c)	Surfaces (tables, chairs, etc.), tools and				
	equipment disinfected after each				
۹)	client				
a)	High-touch surfaces, tools and equipment (tables, chairs, etc.)				
	disinfected after each client/use				
e)	EHD Approved disinfectant used				
	Distancing				
	Physical markers placed 6 feet outside of the establishment				
b)	Controlled entry of customers				
`	practiced/enforced				
C)	Employee's workstations 6 feet apart or adequate social distance				
d)	Appropriate visual aids i.e. posters				
Í	placed in conspicuous locations				
e)	Appropriate shield/barriers installed				
where required					
	mal Protective Equipment (PPE)				
a)	Masks, face-shields and gloves provided for staff				
b)	PPE worn correctly				

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_____ Date of Inspection:__

Name of Inspector:___







