



Colchester, East Haddam, East Hampton, Hebron, Marlborough, & Portland

**COSMETOLOGY PLAN REVIEW**

Submit the Plan Review Fee of \$200.00 along with a copy of the floor plan information in accordance with the Chatham Health District Cosmetology Regulation.

Check One:  New  Remodeled  Relocated  Transfer of Ownership

Check One:  Commercial  Residential

Name of Proposed Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact Person Address: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Owner Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Services Provided:** (check all that apply)

Hair ( Barber  Hairdresser)  Nails  Esthetics (facials/skin treatments/waxing/body treatments)  Eyelashes

Pedicures  Other \_\_\_\_\_

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

Fee Paid  \$ Cash  Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Received \_\_\_\_\_

CHD Approval Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

*The signature signifies that the plan meets the Chatham Health District Cosmetology Regulation plan review requirements only. It does not imply approval from any other local agency including Zoning, Fire, or Building. You must consult with the town agencies you're working in for their respective requirements.*

# Chatham Health District Cosmetology Regulations

## Section 4: Submission of Plans

- A. Any person who desires to operate a new Cosmetology Establishment shall at least thirty (30) working days prior to the opening of the new establishment, the expiration of an existing license, the change of ownership, or major renovations make written application for a plan review and license on forms provided by the Chatham Health District (CHD). Such applications shall be submitted prior to the start of any construction, remodeling, or conversion. All new plans and plans for major renovations shall be made in compliance with this Regulation.
- B. No Cosmetology Establishment shall be relocated, constructed, remodeled or extensively altered, nor shall any structure be converted into a Cosmetology Establishment, except in accordance with plans and specifications approved by the Chatham Health District.
- C. Every applicant for a license to open a new or extensively renovated Cosmetology Establishment shall pay a one-time Plan Review fee as set by the Chatham Health District Board of Health.
- D. Prepared floor plans drawn to scale of no less than ¼": 1' shall be submitted. The plans and specifications shall indicate the proposed layout, arrangement and construction materials of work areas and the type and model of proposed fixed establishment and facilities. The Director of Health shall approve the plans and specifications in writing if they meet the requirements of this Regulation, the Connecticut Public Health Code, the Connecticut Building Code and the Connecticut General Statutes. Ventilation shall comply with the state and local building codes and ordinances. No Cosmetology Establishment shall be constructed, remodeled, or converted except in accordance with plans and specifications approved by the Director of Health.

### Applicant Checklist

<b>Category</b>	<b>Check</b>
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 home residence	_____

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

*Signature and Title of Applicant* \_\_\_\_\_

*Please type or print name* \_\_\_\_\_ *Date* \_\_\_\_\_

### 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?       Yes       No

**\*Note: minimum and maximum hot water temperature is 110-115 degrees Fahrenheit**

Public Water Supply (Municipal)       Well

\*If the establishment is served by a well, then documentation that the well is registered as a Public Water Supply must be submitted with the plan review. If not registered, a public water system screening form and instructions can be found on our website.

**\*An Annual bacteriological test shall be required for all Cosmetology Establishments served by private well.**

### 2. Sewage Disposal (check one)

Municipal Sewers       Septic System

For sites served by subsurface sewage disposal systems (Septic Systems), a determination needs to be made whether the existing system or proposed system can handle the daily design flow of the establishment by the Connecticut Public Health Code. Non-residential buildings shall use table 4 of the current Technical Standards (see chart below) unless specific water use data (minimum 1 year period) is available from the building or similar facilities. Whenever water use data is utilized to calculate the design flow, data shall be accompanied with additional information (e.g., building size, plumbing fixture information, hours of operation) in support of the design. Design flows based on metered flows shall use a minimum 1.5 safety factor applied to the average daily water use.

Salon, (Table 7 App. Rate)	GPD
Per styling chair/station (hair)	200
Per pedicure chair/spa (5 gallon maximum basin)	100
Per manicure chair/station	50

For buildings served by on-site subsurface sewage disposal systems, any proposed changes to the design flow of the business that results in an increase in water use will require a B100a application and site plan review. Changes that may increase the design flow include increased hair styling stations, pedicure/spa stations, or manicure stations. A B100a application is also required for any proposed building additions or accessory structures. Please consult with the CHD on whether your proposal constitutes a change of use.

Please list the current use of the salon space \_\_\_\_\_

### 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?  Yes       No

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

Sink Provided  Yes       No       N/A Pre 8/1/2019 Operation

b. Will there be a mop sink in the establishment for mop water disposal area?

Sink Provided  Yes       No

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

Number of Sinks \_\_\_\_\_ Backflow Prevention Devices?  Yes  No

d. Pedicure Stations – Must have backflow prevention device, dedicated use.

Number of Stations \_\_\_\_\_ Backflow Prevention Device?  Yes  No

**4. Handwashing & Toilet Facilities**

At least one handwash sink must be convenient & accessible to each private room & work area unless the premises was in operation prior to 8/1/19. If you are unsure about this requirement, ask your CHD inspector.

\_\_\_\_\_ Number of workstations \_\_\_\_\_ Number of handwash sinks

Each handwash facility equipped with pump soap and single use hand towels?  Yes  No

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

\_\_\_\_\_ Number of Bathrooms

Available Pump Soap, Paper Towels & Covered Receptacle per bathroom?  Yes  No

Exhaust ventilation type?  Active Fan  Screen Window

**5. Receptacles and Refuse**

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

Solid waste disposal:

Dumpster  Garbage cans \_\_\_\_\_ pick up frequency/week

Company used: \_\_\_\_\_

Are covered bins provided for used towels, gowns, linens, and sheets?  Yes  No

Are fire retardant containers provided for any chemically soiled towels and linens?  Yes  No

Are metal containers with self-actuated or foot-actuated cover provided for mineral oil or chemical laden swabs or cloths?  Yes  No

Are covered waste receptacles provided for hair droppings, paper, other waste material?  Yes  No

**6. Floors, Walls, Ceilings**

Floors shall be non-porous and of such construction as to be easily cleaned and kept clean and in good repair. Floors where tinting or shampooing is performed, or where chemicals for bleaching hair are used shall have hard and washable surfaces. If carpeting or similar material is used for floor covering, it shall be of a light color with a single loop pile of not more than one fourth inch (1/4") in height. Such floor covering shall be kept clean by vacuuming at least daily and shampooing at least once annually and more frequently if needed.

*Floor Material:*

\_\_\_\_\_ Bathroom \_\_\_\_\_ Utility/Storage Areas  
\_\_\_\_\_ Work Areas \_\_\_\_\_ Waiting Areas

*Wall Materials:*

\_\_\_\_\_ Bathroom \_\_\_\_\_ Utility/Storage Areas  
\_\_\_\_\_ Work Areas \_\_\_\_\_ Waiting Areas

*Ceiling Material:* \_\_\_\_\_

**7. Lighting**

Are lighting fixtures sufficient and properly placed as to provide adequate illumination?  Yes  No

**8. Ventilation**

Cosmetology Establishments shall be properly and adequately ventilated so as to remove chemical vapor emissions, excess heat, and odors. Ventilation shall comply with the state and local building codes and ordinances.

Adequate Ventilation?  Yes  No

**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. Laundry areas must be kept completely separate from customer service area.

On-site laundry  Off-site laundry service Where: \_\_\_\_\_

Company used (if applicable): \_\_\_\_\_

Type of Disinfection: \_\_\_\_\_ Colors \_\_\_\_\_ Whites

Clothes dryer on premises properly exhaust vented?  Yes  No

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

First Aid Kit Requirements		
1	Assorted sizes of bandaids	
1	Sterile individually wrapped three (3) or four (4) inch gauze squares	
1	Two (2) inche gauze roller bandage	
1	Roll of hypoallergenic adhesive tape	
1	Scissors	
1	Tweezers	
2	Instant cold packs	
2	triangular bandages with safety pins	
1	Pair of disposable, non-porous gloves	
1	CPR mouth barrier (mouth shield)	

Will alum or other material be used to stop the flow of blood in such a manner that the applicator is not contaminated by bodily fluids?  Yes  No

## 10. Utensils/Equipment

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 needs to 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, shall be properly stored to prevent contamination during storage. **Please provide a copy of your written cleaning schedule.**

## 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. 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.

Number of licensed Hairdressers, Barbers, or cosmeticians employed \_\_\_\_\_  
(Provide CHD with photocopies of valid and current CT licenses)

- Establishment permit: A valid permit to operate, issued by the CHD, per local ordinance it 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

The following chemicals are approved disinfectants, and shall be used in accordance with the manufacturer's specifications, or in a way acceptable to the Director of Health. No method is considered effective without prior thorough cleaning with soap or detergent.\* Do not mix bleach with quaternary ammonia.

1. Ethyl or isopropyl alcohol (70% - 90%)
2. Sodium hypochlorite (5.25% - 6.15%)
3. Barbicide®
4. Quaternary ammonia germicidal detergent solution
5. Phenolic germicidal detergent solution
6. Iodophor germicidal detergent solution
7. Hospital grade sterilizer machine
8. Boiling water for 5 minutes
9. Commercial formalin
10. Lubricant disinfectant
11. Lysol
12. Any other hospital grade disinfectant acceptable to the Director of Health.
13. Non-chemical methods of disinfection must be approved in writing by the Director of Health.

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 \_\_\_\_\_

**14. Work Stations**

The spatial arrangement of each work station must adhere to the following minimum standards:

- At least fifty-four (54) inches apart center to center.
- 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

**15. 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.

**16. Cleaning Equipment Storage**

Dedicated storage area for Mops and Brooms and cleaning chemicals.

Cleaning equipment storage area provided:  Yes               No

Location: \_\_\_\_\_

**17. Waiting Area**

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

Provided               Not Provided

**18. Employee Lounge Area**

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

Provided               Not Provided

**19. 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.

**20. Barbershops/Hairdressing and/or Home Operated**

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             Not Applicable

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.