

SALON CHECKLIST

Salon Name

Salon # S-

Spoke with:

Opening Date

Prior Salon # or Name

Services offered:

Full Service

Hair

Nail Technology

Aesthetics

Braiding

Salon Address / Suite #?

Owner(s)

Corporation/LLC/LP

Responsible Person

Type of Building

Other Services offered other than Cosmetology? _____

CHECKLIST

If you answered "YES" to the following questions, you are ready to submit this application.

is there a working exhaust system throughout the salon? Y / N

Are the restrooms operational with non-porous floors? Y / N

Are the dispensary sinks operational with non-porous floors? Y / N

Does the salon have operational central air/heating? Y / N

Do all sinks and/or other sources of water have operational hot and cold running water? Y / N

Are the salon's ceilings, equipment, fixtures, floors, furnishings, and walls clean and in good repair? Y / N

Do you have waste bins with lids? Y / N

Does the salon have sanitation products present? Y / N

Does the salon have disinfectant products present? Y / N

Will there be a licensee present at all times the salon is operating? Y / N

*Please be aware that a citation of \$1,000 will be issued to the salon and unlicensed individual for practicing in the salon without a current NV license.

1st. Inspection Date

Time

Inspector

Regulations given via email on _____

Regulations given in person _____