

BARBER/BEAUTY SHOP INSPECTION For use of this form, see DA PAM 40-11; the proponent is OTSG.																																			
INSTALLATION												BUILDING NO.				FACILITY DESIGNATION																			
PERSON IN CHARGE OF FACILITY																COPY REPORT FURNISHED TO																			
TYPE FACILITY												1		RATING																		2			
___ 1. AAFES Barber Shop ___ 4. AAFES Beauty Shop ___ 2. Troop Barber Shop ___ 5. Club ___ 3. Club Barber Shop ___ 6. Other (specify)												___ 1. Satisfactory ___ 3. Marginal ___ 2. Unsatisfactory ___ 4. Other (specify)																							
												PURPOSE												3											
												___ 1. Regular ___ 3. Pre-opening ___ 2. Courtesy ___ 4. Other (specify)																							
COMMAND		INSTALLATION				FACILITY		INSPECTOR		INSPECTION TIME (MIN)		DATE				RESERVED																			
4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	YR	MO	DAY	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34		
Description (Use reverse for remarks; identify each remark by item number.)												Reference Paragraph DA PAM 40-11		Deficiency Yes No		Description												Reference Paragraph DA PAM 40-11		Deficiency Yes No					
EMPLOYEE HYGIENE																SANITARY PRACTICE																			
*01 Employees do not work when ill with communicable disease (e.g., boils, skin infections, etc.)												E-2a		___		*14 Patrons with boils, pimples or other inflammations referred to medical authority prior to services												E-5a		___					
02 Current preemployment or periodic medical examination certificates (only when required by medical authority)												E-2b		___		*15 Persons with known or suspected lice infestations not served												E-5a		___					
03 Employees do not return to work after illness unless cleared by the medical authority												E-2b		___		16 Prohibited practices not conducted (e.g., treating blackheads, removing hairs from ears, nose, etc.)												E-5b		___					
04 Clean uniform worn												E-2c		___		*17 Only approved materials used for stopping blood												E-5b		___					
05 Employees smoke, eat or drink only in designated												E-2d		___		18 Materials applied with freshly laundered or disposable cloths. Cloths disposed of properly												E-5b		___					
SANITARY FACILITIES																*19 Only USDA, FDA, or EPA approved barber and beauty supplies used and only for intended use												E-5b		___					
06 Not located in food service or sleeping areas												E-3a		___		SANITATION OF INSTRUMENTS																			
*07 Adequate hot and cold running water, adequate fixtures and waste disposal, no cross connections												E-3b		___														E-6a		___					
08 Shop area kept clean, adequately lighted and ventilated. Outside area policed												E-3c & d		___														E-6a		___					
09 Adequate closed waste												E-3e		___		*20 Instruments scrupulously cleaned between patrons												E-6a		___					
INSTRUMENTS, TOWELS, AND DISPOSABLES																*21 Hair removed from clippers between patrons												E-6a		___					
10 Headrest covered with clean paper or towel for each patron												E-4a		___		*22 Instruments disinfected as required a. in event skin inflammation lesions are discovered on patron being served												E-6a		___					
11 Only individual freshly laundered or disposable neck strips used												E-4b		___		b. at close of each day of operation												E-6a		___					
12 Reusable haircloths kept clean and changed at least daily												E-4c		___		23 Only USDA or EPA disinfectants used. Disinfectants used in accordance with label instructions												E-6b		___					
*13 No common brushes, neck dusters, shaving brushes or other similar multiuse brushes used. (Exception allowed for synthetic bristle brushes which are designed to be cleaned between patrons and sanitized as required.)												E-4d		___		24 Fresh solution prepared at least daily												E-6b		___					
																25 All instruments rinsed with potable water after disinfecting												E-6a		___					
																26 Copy of Appendix E, DA PAM 40-11, posted												E-7		___					
*Critical deficiencies requiring immediate correction																																			
INSPECTED BY (signature)												DATE (YYYYMMDD)				TIME		COPY RECEIVED BY (signature)										DATE (YYYYMMDD)							