

# **COSMETOLOGY ESTABLISHMENT PLAN REVIEW**

## **Application Requirements & Guidelines**

The Trumbull Health Department is concerned about your time and expense in building or remodeling a cosmetology establishment. We would like to make the plan review process as quick and trouble free as possible. To help assure a timely review process, please read and follow the Plan Review Guidelines attached. Failure to submit complete and required information will cost you time and may result in additional fees and delays.

# TRUMBULL HEALTH DEPARTMENT

## COSMETOLOGY FEE SCHEDULE

### COSMETOLOGY

|                         |          |
|-------------------------|----------|
| 1 – 5 Work Stations     | \$150.00 |
| 5 or more Work Stations | \$250.00 |

The following documents and materials must be submitted in order to obtain Health Department approval for renovation or construction, and must be approved by the Health Department prior to the start of any construction or renovation:

- Application for plan review, with the appropriate fee.
- One copy of the floor plan, drawn to scale (1/4 inch = 1 foot) for the ENTIRE establishment (Architectural Drawings / Blueprints are preferred).
  - The floor plan must contain the location of all stations/areas, including toilets, breakroom, and laundry (as applicable).
- A numbered equipment schedule, list on prints. Specification sheets, numbered to correspond to the equipment schedule for new equipment.
  - All equipment must be commercial grade
- Floor and wall finishes, including description of the type of covering for floor/wall junction (cove base, molding, etc.) listed on blueprints.
- Non-slip, non-porous surface required for elevated pedicure stations.
- Nail Salons: Ventilation must exhaust to outside and not impact adjoining units/businesses.
- Proposed list of services to be offered.

### **PROCEDURE FOR COSMETOLOGY PLAN REVIEW**

1. Floor plans and equipment schedule are reviewed by sanitarians for Code compliance.
2. Necessary changes or modifications to plans are communicated to owner or architect for revisions made to plans.
3. New plans, with required changes, are resubmitted for review.
4. When plans are acceptable, schedule a meeting for final plan review.
5. One set of plans must be submitted to the Health District for stamped / signed approval.
6. Construction plans must be in compliance with the requirements of the American Disabilities Act (ADA).
7. Construction / renovation work may begin after zoning and building permits are obtained.
8. Health Department sanitarians will inspect during construction and when construction is completed.

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## TECHNICAL STANDARDS

An Application must be completed and submitted to the Health Department. All information required in the application must be provided prior to the review and processing.

### **Section I. Equipment and Facilities**

**Water Supply.** A water supply must be from an approved source and shall provide hot and cold running water for public use, for the cleanliness of employees, and for washing floors, walls, ceilings, and equipment. Hot water at any faucet shall not exceed 110 degrees F.

**Toilet Facilities.** Adequate toilet facilities and hand wash sinks must be provided for employees. One unisex toilet may be provided within the facility unless that are services that require the use of two separate toilet facilities. Fixtures must be kept clean and in good working order.

**Locker/Dressing Rooms.** Locker and dressing rooms may be required for males and females depending on the services provided and the layout of the facility.

**Plumbing Fixtures.** Plumbing fixtures shall be of impervious material, capable of being cleaned and free of cracks, and of the type that does not constitute a hazard to the public water supply through back siphonage or cross connection. All plumbing installation and fixtures shall conform to applicable building and plumbing codes.

**Waste Disposal.** Waste water from all plumbing fixtures shall be discharged into sanitary sewers where available. Otherwise, suitable facilities shall be installed for the absorption of the wastes by the soil in subsurface sewage disposal systems in accordance with provisions of the Public Health Code of the State of Connecticut.

**Floors, Walls, Ceilings, Fixtures, and Counter Surfaces.** Floors shall be kept clean, non-porous, light in color, and kept in good repair at all times. If carpeting or similar material is used for floor covering it shall be kept clean and capable of being shampooed as frequently as needed. Walls shall be kept in good repair at all times. In areas around sinks, walls shall be moisture proof. Counter surfaces shall be covered with smooth, non-porous material, which can be kept clean, and in good repair.

**Sinks.** Hand sinks must be readily accessible in procedure areas. Janitorial sink(s) must be provided when necessary for cleaning, disinfecting and sanitizing equipment.

**Appliances, Equipment, and Instruments.** All appliances must be commercial grade, in good repair, and kept in a clean and sanitary condition. They must be used according to manufacturer's guidelines and/or specifications. Cleaning procedures shall be written and made available for all appliances. Cleaning procedures shall be written and made available for each piece of equipment. Only equipment needed for the operation of the establishment shall be kept on the premises. Disposable instruments shall be used when available. Non-disposal instruments shall be cleaned and disinfected.

**Facility Location / Space.** Each facility space and location must be approved by the following Town Departments: Planning and Zoning, Building, Fire, as well as any other applicable Town agencies as directed by the Director of Health.

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**Cabinets/Storage/Supplies.** Adequate space shall be provided for the storage of supplies (e.g. clean linen, towels, blankets, and gowns). All supplies shall be kept clean and protected from contamination. Fitted doors shall be equipped on all cabinets to protect supplies from dust and dirt or supplies must be kept in closed containers.

**Lighting, Ventilation and Electrical Outlets.** Lighting fixtures and electrical outlets shall be sufficient in number to support adequate illumination and electrical supply throughout the facility. The facility shall be properly and adequately ventilated so as to remove excess heat and odors.

**Receptacles.** A covered receptacle shall be provided and regularly emptied and cleaned.

**Refuse Storage.** An adequate number of covered containers must be provided for waste material. Refuse area shall be kept clean at all times. Refuse must be picked up frequently, so as to prevent overflow, odors, and vermin.

### **Section II. Maintenance and Operation**

**General Cleanliness.** The licensed owner of every body care facility shall be responsible for keeping the premises in a clean and sanitary condition at all times. All equipment and facilities within the establishment shall be properly maintained and kept clean at all times.

**Linens/Towels.** Linens and towels must be cleaned and sanitized after each use. Otherwise, disposable one-time use cloths can be used.

**Hand Washing.** Adequate and conveniently located handwashing facilities shall be provided with hot and cold running water, a sanitary soap dispenser, and service towels for customers and employees. Hand washing shall be performed before, during and after service to each customer. Liquid soap and paper towels shall be provided for at each hand sink. The use of bar soap and shared linen towels for hand washing is not allowed.

**Food and Beverages.** Food and beverages are not to be prepared, stored, or sold on the premises unless the Department licenses the facility for Food Service.

**Facility Space.** The facility space shall be constructed and limited to the services listed in the application. Sleeping on the commercial premises is prohibited. A barbershop or hairdressing and/or cosmetology shop located in a residence must be confined to a separate room, separated with ceiling-high partitions and provided with a door to be closed at all times. The area within a home operated as a body care facility must be equipped with the same facilities and instruments required in such establishments.

**Personal Belongings.** Personal belongings of each employee may be kept on the premises in a cabinet or locker designed for employee use only. Personal belonging such as shoes, clothing, and accessories may not be kept on counter tops or in cabinets where supplies and equipment are stored.

### **Section III. Practitioner or Technician**

**Practitioner or Technician.** No person known to be affected with any communicable disease in an infectious stage shall engage in body care of a patron and no person affected shall be employed as a practitioner or technician.

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For services that require licensure, a current state of Connecticut license that allows the individual to render the services shall be submitted to the Health Department. Any such license shall be posted in a prominent place visible to patrons within the facility.

**Smoking.** No practitioner or technician shall smoke while serving a patron. Smoking on the premises shall be pursuant to CT Public Act 03-45.

**Outer Coverings.** All practitioners or technician shall wear clean nontransparent outer garments when serving a patron.

### **Section IV. In addition to Technical Standards listed above for all Body Care facilities, those facilities offering barbering, hairdressing and cosmetology must comply with the following additional standards.**

**Sinks.** There shall be one (1) shampoo station for every three (3) work stations. Shampoo bowls shall be used for barbering, hairdressing, and cosmetology work only.

**Floors.** Floors where tinting and shampooing are done, or where chemicals for bleaching hair are used, shall have hard and washable surfaces.

**Ventilation.** Where chemical processes and manicures, pedicures are offered as a service, the building code requiring mechanical exhaust of 100 CFM per workstation will be applied.

**Workstations.** Chairs in the workstations shall be at least fifty-four (54) inches apart, center to center. Those premises in operation prior to passage of this ordinance are exempt from this requirement. A two (2) foot wide workspace shall be maintained behind each chair for the operator. Those premises in operation prior to passage of this ordinance are exempt from this requirement. Three (3) foot wide aisles that are separate and discrete from work areas shall be maintained throughout the shop. No hair dryers shall be placed in any waiting room or encroach on the required three (3) foot wide aisle spaces. Mobile stations must be designed to provide the same workspace and separating distances as fixed stations. For a mobile station, it is assumed that the dryer can be accommodated in the workspace designated for the operator.

**Cleanliness.** No hair droppings shall be allowed to accumulate on floors. Hair droppings shall be removed as soon as possible.

**Sanitary Services.** A sanitary or paper strip or clean towel shall be placed completely around the neck of each customer before an apron or other protective device is fastened around the neck. Clean towels shall be delivered in closed container and kept in a clean, closed cabinet or closet. A sanitizing agent shall be used when washing towels and linens on the premises.

**Sanitation of Equipment and Instruments.** Hair brushes, combs and all other instruments used on a customer shall be kept clean and sanitary at all times and shall undergo a thorough cleansing and sanitizing after serving each customer or single-service disposable implements shall be used. Cleansed and sanitized instruments shall be stored in sanitary-covered containers which shall contain a disinfectant, or in a clean drawer. After handling a customer affected with an eruption or whose skin is broken out or is inflamed or contains pus, the instruments shall be effectively cleaned, washed with soap or a detergent and water, then rinsed with water having a temperature of at least on hundred seventy degrees Fahrenheit (170 degrees F) or allowed to remain for five (5) minutes in alcohol (70%-80%) or some other equally efficient disinfectant or sanitizing process. Shaker-top containers must be provided for dispensing lotions and powders. Single-service

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towels, papers, and other material shall be disposed of in the proper receptacle immediately after use and shall not be used again.

**Shaving Brushes, Mugs, and Finger Bowls.** The use of shaving brushes and shaving mugs is prohibited. The use of finger bowls for manicuring purposes is allowed, but the finger bowl must be properly cleaned and sanitized after each customer. Disposable, single-use finger bowls may be used.

**Alum and Other Astringents.** Alum or other material used to stop the flow of blood shall be applied in powdered or liquid form only.

**Neck Dusters, Powder Puffs, Makeup Brushes and Sponges.** Only single-use brush neck dusters, powder puffs, makeup brushes and sponges are approved.

**Recommended Sanitizers.** The following chemical methods constitute satisfactory sanitization of instruments. No method is considered effective without prior thorough cleaning with detergent (soap, trisodium phosphate, etc.).

| Disinfectant   | Type of Use   | Comments  |
|--|---|---|
| Quaternary ammonium compounds                            | 1:1000 dilution for 30 seconds                          |   |
| Boiling Water  | 5 minutes   | The addition of 1% sodium carbonate will prevent rusting. |
| Lysol (or compound cresol solution or phenolic compound) | 5% solution for 3 minutes<br>2% solution for 10 minutes | For use on colored gowns or towels.                       |
| Commercial formalin                                      | 10% solution for 1 minute                               | May be irritating; deteriorates on standing.              |
| Alcohol (70% ethyl Alcohol or 99% isopropyl alcohol)     | 3 minutes   |   |
| Lubricant sanitizer                                      | Combination   | Recommended for electric clippers                         |

Chemicals suitable for low temperature washing (less than or equal to 158 degrees F) of towels and linens shall be used. Lysol or household bleach (Sodium hypochlorite) shall be used according to manufacturer's specifications. Color safe bleach may not be used.

Non-chemical methods of sanitizing must be approved in writing by the Director of Health. Equipment cleaning specifications shall accompany requests for approval.

**Electric Clipper Sanitizing Techniques.** The following are recommended sanitizing techniques for electric clippers:

**Detachable Head-Type (Sanitary Design):** Detach blades. Clean thoroughly. Immerse in effective sanitizer for required time.

**Non-detachable Head-Type:** Place covered shallow glass jar at work shelf opposite every barber chair. After use, brush out excess hair and grease; wipe cutting blades clean. Immerse blade in combination lubricant-sanitizer, run clipper while immersed for ten (10) seconds. Remove clipper and allow blades to drain ten (10) minutes on a clean towel or tissue, preferable in a cabinet reserved for tools already in use. Wipe blades clean with a fresh disposable tissue.

**TRUMBULL HEALTH DEPARTMENT**  
**APPLICATION FOR COSMETOLOGY ESTABLISHMENT PLAN REVIEW**

Type of application: New Establishment \_\_\_\_ Remodel \_\_\_\_

Fee: \$

Date Paid:

Anticipated Opening Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_ Establishment Fax: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

State of Connecticut License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Manager's Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Form Completed by (Name and Title): \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Type of Business:**

☐ Barbershop    ☐ Cosmetology Salon    ☐ Hairdressing Salon    ☐ Nail Salon

☐ Hairdressing / Cosmetology Salon    ☐ Massage Therapy\*    ☐ Other: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

**Type of Services Offered:**

☐ Braiding    ☐ Hair Cutting    ☐ Facials    ☐ Manicures    ☐ Hair Coloring    ☐ Massage\*

☐ Pedicures    ☐ Waxing

\*Include a photocopy of each massage therapist's valid CT issued massage therapy license and current CT driver's license or other government issued photo ID

*I attest here that information supplied here is accurate and correct.*

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

----- FOR OFFICE USE ONLY -----

|                            |                     |                               |
|----------------------------|---------------------|-------------------------------|
| Date Application Approved: | Date Permit Issued: | Date Permit Mailed/Delivered: |
| By:                        | By:                 | By:                           |