

Purpose:

This checklist is to be completed by the owner or operator of a Personal Service Establishment as an internal audit or when requested to do so by an Environmental Health Officer. The checklist is comprised of a list of criteria that are commonly verified during routine health inspections.

How to use this checklist:

For each question given in the "Inspection Criteria" column on the checklist, check either the "Yes," "No," "Unsure," or "N/A" box depending on which answer is correct for your personal service establishment. Answer honestly and give any further explanatory details that you feel may be helpful in the comments section when needed. If you require clarification on any of the requirements or terminology in the checklist, refer to the [Guidelines for Personal Service Establishments](#).

Once the checklist is complete, sign and date the owner/operator declaration below. If completion of this document was requested by an Environmental Health Officer, forward the document to the Environmental Health Officer for review.

Name of Personal Service Establishment:

Inspection Completed By (Print Name):

By signing below, I confirm that the information given in this self-inspection checklist is truthful and accurate:

Signed:

Date Completed (DD/MMM/YYYY):

List of services being offered:

Inspection Criteria	In Compliance?				Comments
	Yes	No	Unsure	N/A	
Construction and Approval					
Has a floor plan of the personal services establishment previously been submitted to Northern Health?					
Has the layout of the premises or the services changed since the last health inspection was conducted?					
Are client procedure areas separate from areas designated for traffic flow, waiting, retail and cleaning/disinfection/sterilization areas?					
Is the ventilation system adequate and equipped for use with chemical disinfectants or sterilants, or acrylic nail application?					
Does the premises have the key utilities (e.g. potable water, sewage disposal, electricity) required to operate safely?					
Are hand sinks easily accessible from every work station? Hand sinks should be accessible without touching door handles or curtains.					

Are all hand sinks supplied with warm running water, liquid hand soap, and paper towels?				
Is the hand sink separate from the implement cleaning sink?				
Are all surfaces smooth, non-porous, and easy to clean and sanitize?				

Inspection Criteria	In Compliance?				Comments
	Yes	No	Unsure	N/A	
Cleaning and Sanitation					
Has an up-to-date sanitation plan been provided to Northern Health?					
Is the premises clean, sanitary, and in good repair?					
Are work surfaces cleaned and sanitized before/after each client?					
Are there laundry services on-site?					If not, where does laundering occur?
Is there a sharps disposal on site?					
Do you have a policy on live animals/pets in the premises? Include policy if applicable.					
Are single-use items discarded after use?					
Are critical items* sterilized or disposed of? List sterilization method in comments.					
Are semi-critical items* disinfected using high-level disinfectant?					
Are non-critical items* disinfected with appropriate intermediate-level or low-level disinfectant?					
If an autoclave is in use, is manufacturer recommended testing and service conducted, and is biological monitoring (spore testing) conducted? Results must be kept on file. Include copy of most recent spore testing results.					

*Critical, semi-critical, and non-critical are terms used to classify the invasiveness of an instrument or equipment.

Critical items are any instrument/equipment intended to puncture the skin, or contact the puncture site or a sterile instrument before puncturing. These items must be either discarded after use or sterilized using an approved autoclave device.

Semi-critical items are any instrument/equipment intended to contact nonintact skin or a mucous membrane, but not penetrate it.

Non-critical items are any instrument/equipment intended to contact intact skin, but may accidentally contact nonintact skin or receive blood or body fluid splatter, and any instrument/equipment that does not directly touch the client, or contacts only intact skin.

Describe the Disinfection Chemicals Available Onsite		
Product Name	DIN	Claims**
	Expiry Date	What is this used on?
Product Name	DIN	Claims
	Expiry Date	What is this used on?
Product Name	DIN	Claims
	Expiry Date	What is this used on?
Product Name	DIN	Claims
	Expiry Date	What is this used on?
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Product Name	DIN	Claims
	Expiry Date	What is this used on?

**Claims are terms written on the label that indicate disinfection effectiveness. Examples include but are not limited to: High-Level Disinfection (HLD), Intermediate-Level Disinfection (ILD), Low level Disinfection (LLD), TB, Tuberculodial, Chemical Sterilant, and Sporicidal.

Inspection Criteria	In Compliance?				Comments
	Yes	No	Unsure	N/A	
Operations					
Are all instruments/equipment in good repair? Cracked, chipped, rusted or otherwise damaged instruments/equipment must be discarded.					
Are products such as wax, pigment, creams, lotions, or cotton balls dispensed in a way that prevents contamination of the remaining portion?					
Are disinfected/sterilized instruments/equipment stored in a clean and dry environment?					
Do members of staff have clean work clothes and exhibit satisfactory personal hygiene?					
Are staff washing their hands before commencing work and after any activity where hands may become contaminated?					
Do the operators and staff wear protective equipment during procedures?					
Are clients provided with appropriate protective equipment during a procedure?					
Prior to service, do operators inspect the client's treatment area for cuts, wounds, rash, fungus, or visible skin diseases?					
Are all blood and/or body fluid exposure incidents documented?					
Are client records for invasive procedures kept onsite for a minimum of five years?					
Do you collect client consent forms?					
Do you provide after care instructions to clients?					