Department of Public Safety and Correctional Services

Barber Station Audit/Evaluation Form

Facility:	**Housing Unit/Station:**	**Date:**
Correctional Officer Name:	REASON FOR INSPECTION:	
	Opening ☐ Closing ☐ Emergency ☐ Other ☐	
Barber Name:	Housing Unit:	Time:

Barbering Station and Site:	**YES**	**NO**	**N/A**
A. Are barbering rules visible to both barber and the client?			
B. Are sanitation rules visible to both barber and the client?			
C. Is the barbering station clean and free of debris (e.g., spilled water, paper, or other waste)?			
D. Is the barbering station properly set up with appropriate equipment?			
E. Is the barber signed in on the accountability log?			
Sanitation Protocols:	**YES**	**NO**	**N/A**
A. Are clean capes, towels, and neck strips available for the client?			
B. Are the barbering mats and floors clean?			
C. Is the barber using disinfect solution in accordance with training and the manufacturer's recommendations?			
D. Did the barber clean the barbering tools before use (e.g., combs, clipper blades)?			
E. Are any safety and sanitation concerns documented?			
F. Did the barber disinfect the barber chair and all other equipment or surfaces that may come into contact with the client's skin (e.g., barber chairs, armrest, headrest, and workstation surfaces)?			
Administrative (*Complete Section by Correctional Supervisor)***:**	**YES**	**NO**	**N/A**
A. Was a sign-in log used to account for all incarcerated individuals receiving haircuts?			
B. Did correctional staff document the condition of all barbering tools?			
C. Upon opening and closing the barbershop, did staff account for all working tools (e.g., Facility Tool Accountability Form)?			
D. Did correctional staff follow all procedures for documenting and reporting broken and/or missing barbering tools?			

Comments:

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Print Name - Correctional Supervisor Date