



Department of Public Safety and Correctional Services

Barber Station Audit/Evaluation Form

Facility:		Housing Unit/Station:		Date:			
Correctional Officer Name:		REASON FOR INSPECTION:					
		Opening <input type="checkbox"/>	Closing <input type="checkbox"/>	Emergency <input type="checkbox"/>	Other <input type="checkbox"/>		
Barber Name:		Housing Unit:		Time:			
Barbering Station and Site:					YES	NO	N/A
A. Are barbering rules visible to both barber and client?							
B. Are sanitation rules visible to both barber and client?							
C. Is the barbering station clean and free from debris, such as spilled water, paper, etc.?							
D. Is the barbering station properly set up with appropriate equipment?							
E. Is the barber signed in on an 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 responsibly in accordance with training and manufacture's recommendation?							
D. Did the barber clean their barbering tools before use, i.e. combs, clipper blades, etc.?							
E. Where safety and sanitation concerns documented, if any?							
F. Did the barber disinfect the barbering chair and any other equipment, or surface that may come in contact with the client's skin, i.e. barber chairs, armrest, headrest, and any other surface?							
Administrative (Complete Section by Correctional Supervisor)					YES	NO	N/A
A. Was a sign in log used to account for all inmates receiving haircuts?							
B. Did correctional staff document the condition of all barbering tools?							
C. Did staff account for all working tools upon the opening and closing of the barbershop, e.g Facility Tool Accountability form?							
D. Did correctional staff follow all procedures for documenting and reporting broken and/or missing barbering tools, if any?							
COVID – 19 Health Emergency					YES	NO	N/A
A. Was the barber and inmate(s) who is receiving a haircut screened for COVID-19 symptoms using the DPSCS Screening Questionnaire for Congregate Care (Correctional) Facilities form and checked for an elevated temperature using an authorized thermometer?							
B. Was the barber and inmate(s) who is receiving a haircut, issued a disposable mask upon entering the reception area or barbershop?							
C. Is the social distancing guideline (6ft. or more separation between inmates) being enforced in the reception area and barbershop?							
D. Are COVID signage displayed in the barbershop and reception area?							
E. Did the barber receive a washable smock and disposable gloves, prior to initiating a haircut?							

Reviewer Signature

Date