

Texas Department of Licensing and Regulation

Cosmetology Program P. O. Box 12088 Austin TX 78711 cosmetologists@license.state.tx.us barbers@license.state.tx.us P.O. Box 12157 Austin TX 78711 **Barber Program**

(512) 463-6599 (800) 803-9202 Fax (512) 463-2951

NON-WHIRLPOOL FOOT BASIN/TUB CLEANING and DISINFECTION RECORD (TAC 83.108)

Sa	Salon Name:		Salon Li	Salon License Number:	
Sa	Salon Address:		Basin/T	Basin/Tub Number:	
I	WHEN	EZ	МНО	CLEANED and Place √ in	CLEANED and DISINFECTED Place ✓ in Correct Box
Ī	DATE MM/DD/YY	TIME A.M. or P.M.	FULL NAME and LICENSE NUMBER (Please Print)	Not Used	After Client
1					
2					
3					
4					
5					
9					
7					
8					
6					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

NON-WHIRLPOOL FOOT BASIN/TUB INSTRUCTIONS

CLEANING AND DISINFECTION RECORD

IMPORTANT: You must maintain a separate record for EACH non-whirlpool foot basin/tub.

1. Complete the Top Portion of the Record by Entering

- a. Salon Name
- b. Salon License Number
- c. Salon Address
- d. Basin/Tub Number (Example: Basin/Tub #1, Basin/Tub #2)

2. "When and Who" Section of Record

- a. Each numbered row (i.e. 1,2,3) on the record represents a single cleaning and disinfection
- b. Enter date and time basin/tub was cleaned and disinfected
- c. Enter staff name and license number of who cleaned and disinfected basin/tub

3. "Cleaned and Disinfected" Section of Record

- a. Place a check mark in correct box
- b. Note that several entries may be made on the same date
- c. Entry must be made at time of cleaning and disinfection after each client
- d. If no pedicure services were performed with that basin/tub throughout the day
 - Fill in the date
 - Check the "Not Used" box

SAMPLE RECORD

NOTE: This cleaning and disinfection record must be kept in the salon for a minimum of sixty (60) days.

_		NON-WHIRLPO	OOL FOOT BASIN/TUB CLEANING and DISINFECTION REC	ORD (TAC 83.108)	
Salo	n Name: <u>TDI</u>	LR Salon		Salon License N	umber: _ <u>0000</u>
Salo	n Address:1	234 State Road A	Austin TX 78701	Basin/Tub Num	ber: <u>5</u>
WHEN WHO				CLEANED and DISINFECTED	
				Place √ in	Correct Box
	DATE	TIME	FULL NAME and LICENSE NUMBER	Not	After
MM/DD/YY		A.M. or P.M.	(Please Print)	Used	Client
1	9/15/2011	11:00 A.M.	Debbie Johnson #147852		✓
2	9/15/2011	2:00 P.M.	Susan Tran #456321		✓
3	9/15/2011	6:00 P.M.	Linda Sanders #123654		✓
4	9/15/2011			✓	
5					