



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 • FAX (512) 583-7148

inspectionrequest@tdlr.texas.gov • www.tdlr.texas.gov

BARBERING & COSMETOLOGY PROGRAM

NON-WHIRLPOOL FOOT BASIN TUB INSTRUCTIONS

CLEANING AND DISINFECTION RECORD

IMPORTANT: You must maintain a separate record for EACH foot spa/basin.

1. Complete the Top Portion of the Record by Entering:

- a. Establishment or School Name
- b. Establishment or School License Number
- c. Establishment or School Address
- d. Basin/Tub Number (Example: Basin/Tub #1, Basin/Tub #2, Basin/Tub #3)

2. “When and Who” Section of Record

- a. Each numbered row (e.g. 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 who cleaned and disinfected basin/tub

3. “Cleaned and Disinfected” Section of Record

- a. Place an **X** in correct box
- b. Note that several entries may be made on the same date
- c. If no services were performed with that basin/tub during an individual workday:
 - Fill in the date
 - Check the “**Not Used**” box
- d. If services were performed and the basin/tub was cleaned, check the “**After Each Client**” box,
- e. Entry must be made at time of cleaning and disinfection
 - **After** each client

SAMPLE RECORD

Barbering & Cosmetology Program

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

Establishment/School Name:		TDLR Salon		Establishment/School License Number:		00004	
Establishment/School Address:		1234 State Road, Austin TX 78701		Basin/Tub Number:		5	
WHEN		WHO		CLEANED and DISINFECTED Place X in Correct Box			
DATE MM/DD/YYYY	TIME a.m. or p.m.	FULL NAME (Please Print)		Not Used	After Each Client		
1. 06/10/2022	03:20pm	Jane Deaux	#147852				X
2. 06/10/2022	04:15pm	Debbie Johnson	#456321				X
3. 06/12/2022	08:45am	Patty Nguyen	#123654				X
4. 06/15/2022	09:30am	John Deaux	#299133				X
5. 06/15/2022	01:00pm	Jane Deaux	#789101				X
6. 06/16/2022	01:45pm	Douglas Mann	#654123				X
7. 06/20/2022	03:30pm	Debbie Johnson	#678123				X
8. 06/20/2022				X			



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Establishment or School Name:		Establishment or School License Number:	
Establishment or School Address:		Basin/Tub Number:	

WHEN		WHO FULL NAME (Please Print)	CLEANED and DISINFECTED Place X in Correct Box	
DATE MM/DD/YYYY	TIME a.m. or p.m.		Not Used	After Each Client
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				