



Texas Department of Licensing and Regulation

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WHIRLPOOL FOOT SPA CLEANING and DISINFECTION RECORD (TAC 83.108; TAC 82.108)

Salon Name: _____ Salon License Number: _____

Salon Address: _____ Chair Number: _____

WHEN		WHO FULL NAME and LICENSE NUMBER (Please Print)	CLEANED and DISINFECTED Place <input type="checkbox"/> in Correct Box or Boxes				Bi- Weekly
DATE MM/DD/YY	TIME A.M. or P.M.		Not Used	Liner Used and Disposed	Portable Jet Used and Cleaned	End of Day	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

WHIRLPOOL FOOT SPA INSTRUCTIONS

CLEANING AND DISINFECTION RECORD

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

1. Complete the Top Portion of the Record by Entering

- a. Salon Name
- b. Salon License Number
- c. Salon Address
- d. Whirlpool Foot Spa/Chair Number (Example: Chair #1, Chair #2, Chair #3)

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 spa was cleaned and disinfected
- c. Enter staff name and license number of who cleaned and disinfected spa

3. "Cleaned and Disinfected" Section of Record

- a. Place a check mark in correct box or boxes
- 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
 - At the end of each day
 - Bi-weekly
- d. If no pedicure services were performed with that spa 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.

WHIRLPOOL FOOT SPA CLEANING and DISINFECTION RECORD (TAC 83.108; TAC 82.108)									
Salon Name: <u>TDLR Salon</u>						Salon License Number: <u>00000</u>			
Salon Address: <u>1234 State Road Austin TX 78701</u>						Chair Number: <u>5</u>			
WHEN		WHO		CLEANED and DISINFECTED					
				Place ✓ in Correct Box or Boxes					
DATE	TIME	FULL NAME and LICENSE NUMBER		Not Used	Liner Used and Disposed	Portable Jet Used and Cleaned	After Client	End of Day	Bi-Weekly
MM/DD/YY	A.M. or P.M.	(Please Print)							
1	9/10/2011 12:30 P.M.	Debbie Johnson #147852					✓		
2	9/10/2011 3:00 P.M.	Jane Smith #258963					✓		
3	9/10/2011 7:30 P.M.	Patty Nguyen #963147						✓	
4	9/11/2011 11:30 A.M.	Patty Nguyen #963147			✓	✓	✓		
5	9/11/2011 1:30 P.M.	Debbie Johnson #147852			✓	✓	✓		
6	9/11/2011 4:00 P.M.	Jane Smith #258963			✓	✓	✓		
7	9/12/2011 7:00 P.M.	Debbie Johnson #147852							✓
8	9/12/2011 12:30 P.M.			✓					
9									
10									