



Healthy Nail Salon Recognition Program: Survey Form

Instructions: Please complete the registration form and submit in person, via email (Katherine.Nguyen@deh.sccgov.org) or mail to Katherine Nguyen, County of Santa Clara, Department of Environmental Health, 1555 Berger Dr. Suite 300 San Jose, CA 95112

Description and Eligibility Criteria

In order to qualify for the Healthy Nail Salon Recognition Program, salons must be in compliance with the Board of Barbering and Cosmetology's professional code, must choose safer nail products and implement safer practices as established by SCC Department of Environmental Health's program staff.

1. Choose nail polishes that do not contain the toxic trio (dibutyl phthalate (DBP), toluene, and formaldehyde).
2. Use safer nail polish removers, including but not limited to acetone.
3. Avoid using nail polish thinners unless absolutely necessary. When using thinners do not use those containing toluene and methyl ethyl ketone (MEK).
4. Ensure that all nail salon staff wear nitrile gloves when using nail products.
5. Ventilate the salon to improve air quality in the salon. Designate a specific area for artificial nail services and properly ventilate the area.
6. Install mechanical ventilation unit(s) within one year of entering recognition program, if one does not already exist.
7. Train all nail salon staff on-site (on payroll and on contract) and owners on safer practices using SCC's guide if one does not already exist.
8. Allow SCC program staff to monitor air quality within the salon.
9. Be committed to trying and adopting safer artificial nail products.
10. Do not allow customers to bring in products unless they meet program criteria.

Safer products and practices will be determined by SCC program staff on a case by case basis in consultation with nail salons.

Section I - Contact Information

Legal Name of Business		
Name Of Owner(s)		Name of Manager
Business Address		Secondary Contact
Telephone () -	Mobile () -	Primary Language Spoken
Web Address (URL)		Email

Section II – General Business Information

Years in Business	Number of Staff _____ Full Time _____ Part Time	Do Any Nail-Technicians Rent Chairs? <input type="checkbox"/> YES _____ (how many?) <input type="checkbox"/> NO
-------------------	--	--

Section III – Salon Practices

Do you display or have on file MSDS (Material Safety Data Sheets) for all products? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ONLY SOME MSDS	
Do you purchase your supplies through a beauty supply store? <input type="checkbox"/> YES <input type="checkbox"/> NO	Which beauty supply stores?
Do you purchase your supplies through a distributor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Which distributors?
Do you have a ventilation system in your salon? <input type="checkbox"/> YES <input type="checkbox"/> NO	What type of ventilation system?

By submitting this form, I agree to:

- Participate in the Healthy Nail Salon Recognition Program
- Meet eligibility criteria
- Allow SCC program staff to conduct surveys
- Allow SCC program staff to conduct air monitoring to evaluate program progress

By submitting this enrollment form, I confirm that the information being submitted is accurate and complete, to the best of my knowledge.

X _____
 SIGNATURE OF OWNER

DATE / / 20

If you have any questions regarding this form, please contact Healthy Nail Program (408) 918-1958

