



COUNTY GOVERNMENT OF MOMBASA

DEPARTMENT OF HEALTH SERVICES
THE PUBLIC HEALTH ACT CAP 242
**INSPECTION CHECKLIST FOR REOPENING OF BARBER SHOPS & SALONS
DURING THE COVID-19 PANDEMIC**

Serial No. 004

Name of the Business.....

Name of Owner/Proprietor:

Plot No.....L.R. No:

Physical Address.....

Telephone/Cellphone number.....

Email address.....

Date: Time:

No. of Personnel: Male Female PWD: Male Female

Barber shops & Salons operating during COVID-19 Pandemic MUST observe the following:

NO.	SPECIFIC REQUIREMENTS	PROVIDED	NOT PROVIDED	REMARKS
	PREMISES			
1	Visibly mounted notice on promotion of hand hygiene and physical distancing			
2	Visibly mounted notice on denial of entry of suspected COVID-19 Cases			
3	Notice indicating mandatory donning on of face masks			
4	Visible notices for staff promoting hand hygiene and physical distancing			
5	Hand wash facility at the entry/exit points complete with detergent/soap.			
6	Adequate ventilation and lighting			
7	Comprehensive register of customers served with their contact details captured			
8	Proof that all customers waiting for their turn do not crowd inside but rather wait outside the premises.			
9	Physical distancing of Chairs/work stations (2 meter-6feet)			

10	Duty roster indicating the number of staff in a Barber shop at any one time.			
11	Proof of cashless payments such as MPESA			
12	Disinfectants, cleaning equipment and detergent			
13	Only one procedure per customer should be undertaken at a time			
14	Availability of disposable gloves for those doing head, neck and shoulders massage after shaving			
	PERSONNEL			
15	Personnel are encouraged to be tested for Covid-19 in a Government certified laboratory especially those with symptoms.			
16	Adequate Personal Protective Equipment (dust coats/aprons, neck tissues face masks, disposable gloves)			
	WASTE MANAGEMENT			
17	Proof of at least a dust bin for disposing used face masks and disposable gloves			

General personal hygiene: Good Fair Poor

Comments:

.....

.....

.....

.....

.....

.....

.....

Inspected By:

Designation:

Signature:.....Date:.....

Official Stamp

COMMITMENT TO ADHERENCE TO SET REGULATIONS

Name:.....

Designation:.....

Signature:.....Date:.....