



## Healthy Nail Salon Recognition Program: Application Form

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

### Section I - Contact Information

Legal Name of Business		
Name of Owner(s)		Name of Manager
Business Address		Secondary Contact
Telephone (    ) -	Mobile (    ) -	Email

### Section II – Salon Staff Training (Please attach additional pages if needed)

Have all of the salon staff and owners been trained in SCC's guide?  YES  NO  SOME \_\_\_\_\_ (no. trained/total)

Names of nail salon staff members trained in SCC Healthy Nail Salon Program:

1)	4)	7)
2)	5)	8)
3)	6)	9)

### Section III – Products Used (Please attach additional pages if needed)

Nail polish brands/products that do not contain Toxic trio (dibutyl phthalate (DBP), toluene, formaldehyde):

1)	4)	7)	10)
2)	5)	8)	11)

Nail polish removers (brand and product name):

1)	2)
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Nail polish thinners (brand and product name):

1)	2)
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Do you display or have on file MSDS (Material Safety Data Sheet) for all products?  
 YES  NO  ONLY SOME MSDS

### Section IV – Procedures

Do all nail technicians wear nitrile or latex gloves when using nail products?  YES  NO  SOME

Do you ventilate your space when performing artificial nail services and when using nail thinners and removers?  YES  NO  SOME

I HAVE ATTACHED A PROOF OF PURCHASE (INVOICES) OR  
 I WILL PROVIDE PROOF OF PURCHASE (INVOICES) AND PROOF OF INSTALLATION IN THE FUTURE. (Please note the application will be considered

By submitting this application form, I confirm that the information being submitted is accurate and complete, to the best of my knowledge. I understand that program staff will visit my store to verify the products in use and conduct air monitoring to measure program success. In addition, program staff will conduct follow up visit.

**X** \_\_\_\_\_ DATE / / 20  
 SIGNATURE OF OWNER

*For Department of Environmental Health use only*  
 Toxic Trio free Polish:  YES  NO  SOME  
 In Compliance with Polish Remover  YES  NO  
 In Compliance with Polish Thinner  YES  NO  
 MSDS displayed or on file  YES  NO

Site Visit conducted by: \_\_\_\_\_  
 In Compliance with ventilation  YES  NO  
 In Compliance with gloves  YES  NO  
 All staff are trained  YES  NO  
 Other Notes:

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT KATHERINE NGUYEN AT (408) 918-1910