



**County of Santa Clara
Department of Environmental Health**

1555 Berger Drive, Suite 300
San Jose, CA 95112-2716
(408) 918-3400
<http://www.ehinfo.org/>



Healthy Nail Salon Recognition Program: Application Form

Instructions: Please complete the application 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 Drive #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 of Business	Mobile	Email

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

Have all the salon staff and owners been trained in Santa Clara County’s Healthy Nail Salon Program guide?
 YES NO SOME total number of staff trained: _____

Names of nail salon staff members trained in Santa Clara County Healthy Nail Salon Program:

1)	3)	5)
2)	4)	6)

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)
2)	5)	8)
3)	6)	9)

Nail polish removers (brand and product name):

1)	2)	3)
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Nail polish thinners (brand and product name):

1)	2)	3)
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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 SOMETIME

I HAVE ATTACHED 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 salon to verify the products in use and conduct air monitoring to measure program success. In addition, program staff will conduct follow up visits.

X _____ DATE _____ / _____ / _____
SIGNATURE OF OWNER

If you have any questions regarding this form, please contact Katherine Nguyen at (408) 918-1958.