



ALAMEDA COUNTY
HEALTHY NAIL SALON PROGRAM
 1100 San Leandro Blvd, 4th Floor
 San Leandro, CA 94577
 (510) 208-5927 | www.acphd.org/healthynails



HEALTHY NAIL SALON PROGRAM : SURVEY FORM

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 Alameda County Public Health Department’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 Alameda County’s guidelines if one does not already exist.
8. Allow Alameda County program staff to monitor air quality within the salon.
9. Be committed to trying and adopting safer nail products.
10. Do not allow customers to bring in products unless they meet program criteria.

Safer products and practices will be determined by Alameda County 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 (Contact Person)	
Business Address		Preferred Method of Contact (Phone, email, etc....)	
Telephone	Mobile	Primary Language Spoken	
Salon Website Address (URL)		Email Address	
How many staffs are working in the salon?			
Interested in Becoming Recognized as A Healthy Nail Salon? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE		What days & times do you prefer to attend a training?	

Date: ____ / ____ / ____