AFTER CLIENT/END OF DAY/WEEKLY
PEDICURE EQUIPMENT CLEANING AND DISINFECTING LOG

CHAIR/TUB # _____

Name of Establishment						**License Number**					
						Month					
WHEN/WHO			**CLEANED**			**WHEN/WHO**			**CLEANED**		
Date	Time	Initials	**Check One**			Date	Time	Initials	**Check one**		
			After Client	**End of Day**	**Weekly**				**After Client**	**End of Day**	**Weekly**

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this log are true and accurate.

_____ *Signature*

_____ *Date*

NOTE: End of day and weekly cleaning not required for "Non-Whirlpool Foot Basin" or "Tubs", defined as any basin, tub, footbath, sink and bowl – and all non-electrical equipment that holds water for a client's feet during a pedicure service.