

**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>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.</i>											
_____						_____					
<i>Signature</i>						<i>Date</i>					

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.