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UKIAH
JUN 25 2020
MENDOCINO COUNTY
ENVIRONMENTAL HEALTH

COVID19 SELF-CERTIFICATION FORM

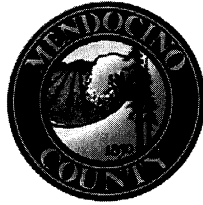
Business Type:	Restaurants SKIN CARE SERVICES
Business Name:	SAMANTHA GOSSELIN NAYLOR SKIN CARE
Business License #:	7044
Business Owner Name First: Last:	Samantha GOSSELIN NAYLOR
Business Owner Phone:	707 590 4700
Business Website (optional):	—
Business Address Street: City: State / Zip	350 S. FRANKLIN street SUITE B FORT BRAGG CA 95437

All individuals (and businesses) must follow County and State Health Officer orders which are issued under the authority of California law. As a condition of re-opening, current orders +15105043284 require, among other things, local business compliance with state and local industry-specific guidance and submission of self-certification forms. State Statute explicitly provides that Health Officer orders may be enforced by the local sheriff or other peace officers of the County. Violation of the Orders may subject a person or business to criminal or civil penalties, as well as other legal consequences. In particular, any business that violates the Health Officer's orders risks committing negligence per se, may expose itself to civil liability for all damages created by any viral transmission that occurs at their place of business. *

I read and understand the foregoing.

Minimizing In-Person Interactions

Encourages employees to work remotely to promote social distancing in the workplace when feasible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Re-engineered/restructured operations to provide for six feet distancing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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When feasible products and services are offered online	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
When products or services cannot be offered online, physical contact is limited between employees and customers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
The number of people allowed in a business at a given time has been limited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Daily Monitoring of Employee Health Requirements	
Employee's temperature is verified to be below 100.0 degrees Fahrenheit <i>SELF EMPLOYED, SOLE PROPRIETOR</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Employees are required to conduct self-assessments using an online tool such as https://www.mayoclinic.org/covid-19-self-assessment-tool	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Implementation of personal protective equipment such as gloves, masks and other protective measures deemed appropriate for the nature of the business operations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Safe Business Practices Requirement	
Communicates and educates employees and management to carry out COVID-19 mitigation plans and protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Makes available to all employees hand sanitizer and other sanitation products for the frequent cleaning of employee and customer work spaces	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wipes down doors, handles, and surfaces on a very frequent basis and between customers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



COVID19 SELF-CERTIFICATION FORM

Provides training to employees on COVID-19 mitigation measures for customer-facing activities (e.g. cleaning and sanitizing standards, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Signature: _____	
Date: _____	

Mail this completed certification form (with any required attachments) to:
County of Mendocino Environmental Health, 860 N. Bush Street, Ukiah, CA 95482

Health & Safety Plan, SAMANTHA GOSSELIN NAIL & SKIN CARE.

- 1) I will have a sign at the door requiring facial covering for entering the facility, respecting the 6ft social distance rule in the waiting room and only one person allowed at a time.
- 2) I am the owner and the only worker, I will be wearing facial mask at all times, + a face shield when performing services in the treatment room, gloves when necessary and an apron.
The clients will be provided with sanitized, clean facial covers & headbands, clean & sanitized liners & disposable underwear & disposable wiping paper.
- 3) I won't need to train any employees as I am the only one working at all times.
- 4) I will provide a COVID-19 consent form for my clients.
4) I will provide a clean & sanitized shoe for each client, wear a clean sanitized mask for each client, provide them with clean & sanitized PPE for each treatment, wear a clean & sanitized face shield & apron with each client, use clean

2 Sanitized implements and machines for each treatment.

Use disposable sponges for facials, disposable waxing sticks for each treatment. Clean right away all implements with Bleach.

Sanitize each implement overnight in a medical grade solution.

6) I have a private office space, I only work by appointment only and always work on one client at a time.

I won't overlap any clients. Make sure I have 30 min to an hour between each client to allow thorough cleaning and sanitization of all space & tools & implements. The clients will wait until I text them to come in, in their car in the parking lot.

7) Again I work alone & privately, so it will only be me and my one client. I have enough space to respect the 6ft rule at all times in the entry/waiting area, to lead them to the bathroom or treatment room.

8) Mostly ASM/CC will be encouraging or chiding.

9) I will sanitize the space every morning and at closing and in between clients by wiping all surfaces with medical grade Bleach cleaner. Clean all implements. Change all towels, tapers, mop the floor with Bleach in the morning & evening in the bathroom, Vacuum and open windows between every client. Dispose of all Candy right away in the washing machine in the laundry room and do laundry as I go with Bleach and hot water.

10) I will require all clients to wear mask to enter and be in the facility and will be wearing mine as well at all times. They will be allowed to remove their facial covering in the treatment room to receive their facial or have their face waxed only.

I will be wearing face shield on top of the mask when performing treatments.

11) I have medical grade cleaner & bleach to clean all surfaces & Bathroom & Appliances. I have alcohol disinfecting wipes for all implements and medical grade solution for soaking the implements and sterilizing them at night.

I have hand sanitizers in the entry way, in the Bathroom and in the treatment room. All towels & liners will be

12) clean & sanitized and changed every time.

It is a private office, with an entry way, the products are in a case, so the clients won't be touching them. I have a Bathroom/laundry room on the right and a treatment room on the left.

13) I will change my sanitary maintenance area every service provided and every client. Use clean wiped services and sanitized implements & machines every single time. Wipe all implements with alcohol, sterilize all implements at night. Provide all clean & sanitized PPE for my clients, wear mask, face shield and Apron that I will change & sanitized with every client. Use clean gloves every time, wash hands & hand sanitizer before, after every service.

COVID-19 CONSENT FORM

1. Have you had a fever in the last 24 hours of 100°F or higher?

YES

NO

2. Do you now, or have you recently had any respiratory or flu-like symptoms - including sore throat, shortness of breath, difficulty breathing, tightness in chest.

YES

NO

3. Have you been in close contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has COVID-19 type symptoms?

YES

NO

CONSENT FOR TREATMENT

I understand that because aesthetics involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment during this time. I voluntarily agree to assume those risks and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner.

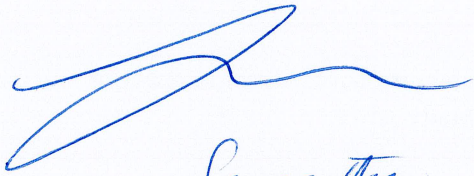
Client Signature: _____ Date: _____

Signature of Parent/Guardian (in case of minor): _____

Print Client Name: _____



- 14) no services of this kind, just skin care services.
- 15) no nail services.
- 16) no tattoo or piercing services
- 17) no massage services.



Samantha Naylor

Fnt BRABE

06.22.2020

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