**MS STATE BOARD OF COSMETOLOGY**

**INITIAL SCHOOL INSPECTION**

Mailing Address: Physical Address:

Post Office Box 55689 239 North Lamar Street, Suite 301

Jackson, MS 39296-5689 Jackson, MS 39201

Phone: 601-359-1820

Fax: 601-354-6639

|  |  |
| --- | --- |
| Initial Inspection Completed By: | |
| Board Member: | MSBC Staff Member: |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposed School: | | | |
| Address of Proposed School | | | |
| Proposed School is: Proprietary Vocational-Technical | | | |
|  | | | |
| Type of School | | | | | |
| Multiple Teaching Program***: (Select All That Are Applicable)*** | | | | | |
| Cosmetology | | Manicuring | Esthetics | Instructor Training | |
| Single Teaching Program: ***(Select ONLY ONE)*** | | | | | |
| Cosmetology ONLY | | Manicuring ONLY | Esthetics ONLY | Instructor Training ONLY | |

**DESCRIPTION OF BUILDING**

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate the amount of space for each area, in square footage.  Please note the minimum square foot for each schools is as follows.  *Please add 25 square feet for each additional student.* | | | |
| Cosmetology Schools | 2500 square feet, up to 40 students | | |
| Manicuring Schools | 1800 square feet, up to 28 students | | |
| Esthetics Schools | 1800 square feet, up to 28 students | | |
|  | **Length** | **Width** | **Total Footage** |
| Theory Classroom |  |  |  |
| Reception Area |  |  |  |
| Restroom 1 |  |  |  |
| Restroom 2 |  |  |  |
| Reference Library |  |  |  |
| Dispensary / Stock Room |  |  |  |
| Facial Area |  |  |  |
| Locker Area |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **TOTAL SQUARE FOOTAGE** |  |  |  |

**PLEASE NOTE**

**NO SCHOOL CAN BEGIN OPERATION WITHOUT**

**WRITTEN APPROVAL FROM THE**

**MS STATE BOARD OF COSMETOLOGY**

**INITIAL INSPECTION APPROVAL INITIAL INSPECTION DENIAL**

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**Board Member Board Member**