

**Initial Report**

Premise/Facility under investigation (name and address)

**George's Barber Shop and Hairstyles  
10385 Weston Road  
Vaughan, Ontario  
L4H 2T4**

Type of Premises/Facility

**Personal Services Setting**

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)

**2018/05/01**

Date of Initial Report posting (yyyy/mm/dd)

**2019/06/20**

Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)

How the IPAC lapse was identified

**Complaint**

Summary Description of the IPAC Lapse

**For barbering services, operator failed to disinfect handle and cradle of the razor after each client use appropriately.**

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes, was the issue referred to the regulatory college?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Were any corrective measures recommended and/or implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please provide further details/steps	<p><b>At time of inspection, operator was educated on correct infection prevention and control (IPAC) practices. Operator is required to ensure that:</b></p> <ul style="list-style-type: none"> <li>• <b>Handle and cradle of razor is disinfected by full immersion in an appropriate disinfectant</b></li> </ul> <p><b>The operator demonstrated the correct IPAC practices for the above items after education was provided.</b></p>			

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)

**Initial Report Comments and Contact Information**

Any additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, please contact  
Health Connection

Telephone Number  
1-800-361-5653

Email Address  
[Health.inspectors@york.ca](mailto:Health.inspectors@york.ca)

**Final Report**

Date of Final Report posting (yyyy/mm/dd)

**2019/06/20**

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)

Brief description of corrective measures taken

**Operator was able to demonstrate appropriate IPAC practices after education provided.**

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd)

**2018/05/01**



York Region  
**Infection Prevention And Control Lapse Report**

**Final Report Comments and Contact Information**

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Any Additional Comments: (Please do not include any personal information or personal health information)

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