

Initial Report					
Premises/Facility under investigation (name	and ac	dress)		
Eva Nails & Spa					
4-10462 Islington Avenue					
Vaughan, Ontario I0J 1C0					
Type of Premises/Facility					
Personal Service Settings		1			
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)		Date of Initial Report posting (yyyy/mm/dd)			
2024/09/04			2024/09/12		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified			
			Complaint		
 Cleaning and disinfection of reusable equip Health Ontario: Guide to Infection Prevention July 2019". Single-use equipment/tools were not being 	on and (Control	in Pe		
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?					
If yes, was the issue referred to the regulatory college?			\boxtimes		
Were any corrective measures recommended and/or implemented?	\boxtimes				
Please provide further details/steps	Cle in a Inf	ean an accord ection	d disin ance v Prevei	tes for Premises/Facility: fect all equipment/tools after each use with the "Public Health Ontario: Guide to ntion and Control in Personal Service lition, First Revision: July 2019."	

• Discard all single-use equipment/tools immediately after use.

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) Verbal Order Issued 2024/09/10. Written Order Issued 2024/09/11.

Initial Report Comments: Verbal Order was issued on September 10, 2024, followed up with a written Order on September 11, 2024.

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	Email Address
1-800-361-5653	Health.inspectors@york.ca

Final Report



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

2024/09/12

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) Verbal Order Issued 2024/09/10. Written Order Issued 2024/09/11.

Brief description of corrective measures taken

Corrective measures were implemented, and education provided 2024/09/04.

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd) Reinspection conducted and all corrective measures were confirmed to have been completed 2024/09/06. Final 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.

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