## **Beauty, Hairdressing and Body Premises**

**Beauty & Cosmetics Personal Care** 

## AUDIT AND VISIT DETAILS

Please mention the name of the beauty centre

Please mention the appointment number

Please mention the complete address of the beauty centre

textarea

Please mention the name of the branch owner/manager

Please mention the staff name

Mode of appointment

Booked an appointment ) ( Walk In

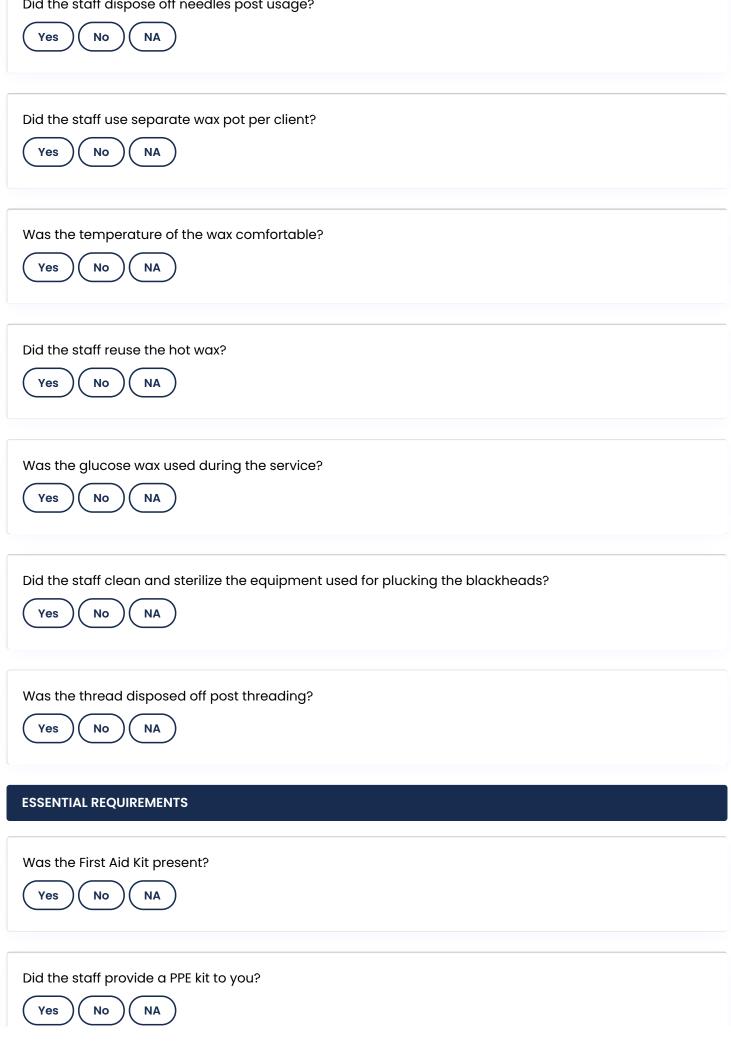
Audit date



2017-01-01
Time of visit
Please mark the services availed during the visit   Body piercing Colonic Lavage   Electrolysis Hair dressing   Tattooing Waxing   Facial   Manicure Pedicure
BODY ART SERVICES
Were all the required surfaces covered during the service?
Did the staff dispose off the used containers?
Did the staff sterilize the instruments and jewelleries?
Were the sterilizing procedure properly?
Did the staff maintain any records for the sterilization process?

ELECTROLYSIS/WAXING SERVICE

Did the staff dispose off needles post usage?



Was the service area completely ready before you entered? Yes No NA Did the staff ask you to fill the Client Information Sheet? Yes No NA Did the staff check your skin before starting the service? No Yes NA Was the area cleaned post service? Yes No NA Did the staff update the Client Records properly? Yes No NA FACIALS, MANICURE, PEDICURE, NAIL TREATMENTS SERVICES Did the staff make you wash your hands, feet and face properly? No NA Yes Were the equipment for single use only? No Yes NA Did the staff confirm regarding fungal/bacterial nail infections, if any? Yes No NA

Did the service room had adequate ventilation?



## HAIRDRESSING SERVICE

Did the staff confirm if you have any allergies or skin infection?



Did the staff use new blades and dispose them off post usage?



Did the staff clean the Clippers properly before and after usage?



Did you observe any UV cabinets?



Did the staff use any neck brushes / towels / disposable wipes during the service?



## MAINTENANCE

Were the floors, walls and ceilings well maintained?



Were the fittings and furniture in a good condition?



Was there a hand basin/ hands free basin present?
Did they have an allocated sink to clean the equipment used during the service?
Was the procedure of cleaning the linen followed before starting the service?
Was there an adequate waste disposal facility available?
Were the sharp equipment such as blades disposed off post usage?
Were the dispensers and spray bottles clean?
Did you observe any insects or pests inside the centre?
Did the staff wash and sanitize his hands before starting the service?
Were the procedures of cleaning, disinfection and sterilization properly followed in the centre?

Did the staff used a sanitizer containing at least 70% alcohol?
Did the staff properly follow the clean up process in case of any bleeding during the service? Yes No NA
OVERALL
Please provide any additional information regarding this visit? textarea
How was your overall experience?     Satisfactory   Unsatisfactory
Will you like to revisit the store?
Please mention the appointment date for your second visit?
2017-01-01