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

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? Yes No NA
Did the staff dispose off the used containers? Yes No NA
Did the staff sterilize the instruments and jewelleries? Yes No NA
Were the sterilizing procedure properly? Yes No NA
Did the staff maintain any records for the sterilization process? Yes No NA
ELECTROLYSIS/WAXING SERVICE









