

# Beauty Hairdressing and Body Premises

Beauty & Cosmetics Personal Care

## AUDIT AND VISIT DETAILS

Please mention the name of the beauty center

Please mention the appointment number

Please mention the complete address of the beauty center

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

TIME

-

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

Did the staff dispose off needles post usage?

Yes

No

NA

Did the staff use separate wax pot per client?

Yes

No

NA

Was the temperature of the wax comfortable?

Yes

No

NA

Did the staff reuse the hot wax?

Yes

No

NA

Was the glucose wax used during the service?

Yes

No

NA

Did the staff clean and sterilize the equipment used for plucking the blackheads?

Yes

No

NA

Was the thread disposed off post threading?

Yes

No

NA

## ESSENTIAL REQUIREMENTS

Was the First Aid Kit present?

Yes

No

NA

Did the staff provide a PPE kit to you?

Yes

No

NA

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?

Yes

No

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?

Yes

No

NA

Were the equipments for single use only?

Yes

No

NA

Did the staff confirm regarding fungal/bacterial nail infections, if any?

Yes

No

NA

Did the service room had adequate ventilation?

Yes

No

NA

## HAIRDRESSING SERVICE

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

Yes

No

NA

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

Yes

No

NA

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

Yes

No

NA

Did you observe any UV cabinets?

Yes

No

NA

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

Yes

No

NA

## MAINTENANCE

Were the floors, walls and ceilings well maintained?

Yes

No

NA

Were the fittings and furniture in a good condition?

Yes

No

NA

Was there a hand basin/ hands free basin present?

Yes

No

NA

Did they have an allocated sink to clean the equipments used during the service?

Yes

No

NA

Was the procedure of cleaning the linen followed before starting the service?

Yes

No

NA

Was there an adequate waste disposal facility available?

Yes

No

NA

Were the sharp equipments such as blades disposed off post usage?

Yes

No

NA

Were the dispensers and spray bottles clean?

Yes

No

NA

Did you observe any insects or pests inside the centre?

Yes

No

NA

Did the staff wash and sanitize his hands before starting the service?

Yes

No

NA

Were the procedures of cleaning, disinfection and sterilization properly followed in the centre?

Yes

No

NA

Did the staff used a sanitizer containing atleast 70% alchohol?

Yes

No

NA

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?

Yes

No

NA

Please mention the appointment date for your second visit?

DATE

2017-01-01