## **Beauty Store Audit**

Beauty & Cosmetics Personal Care

GENERAL
Salon name
License number
Owner
Location
No. of employees including cleaning staff
Reason for inspection
Are the business details intimated?

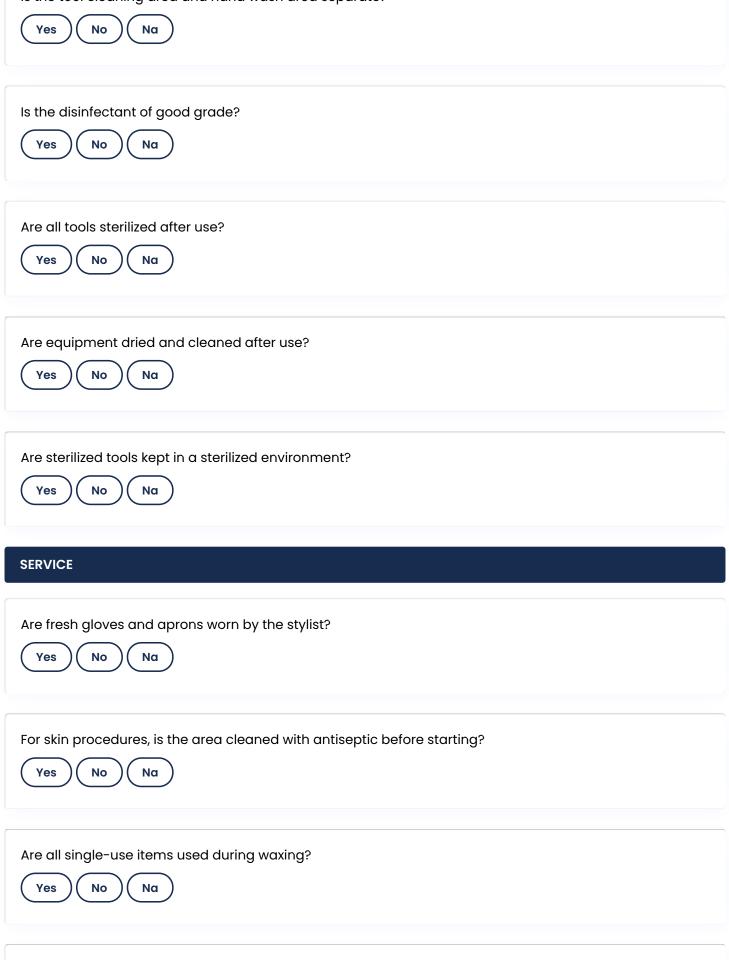
Is there an issue with the inspection invoice?
Is hair cutting done here? Yes No Na
Is hair coloring done here?
Is waxing done here? Yes No Na
Is razoring done here? Yes No Na
Is threading done here? Yes No Na
Is hair styling done here?
Is makeup done here? Yes No Na
Is hair spa done here? Yes No Na

Is hair treatment done here?
Is any other service provide?
HYGIENE
Are single-use hand towels provided?
Is there good ventilation? Yes No Na
Is it well illuminated?
Is the facility clean?
Is the furniture suitable to provide service?
Is the furniture in good condition?

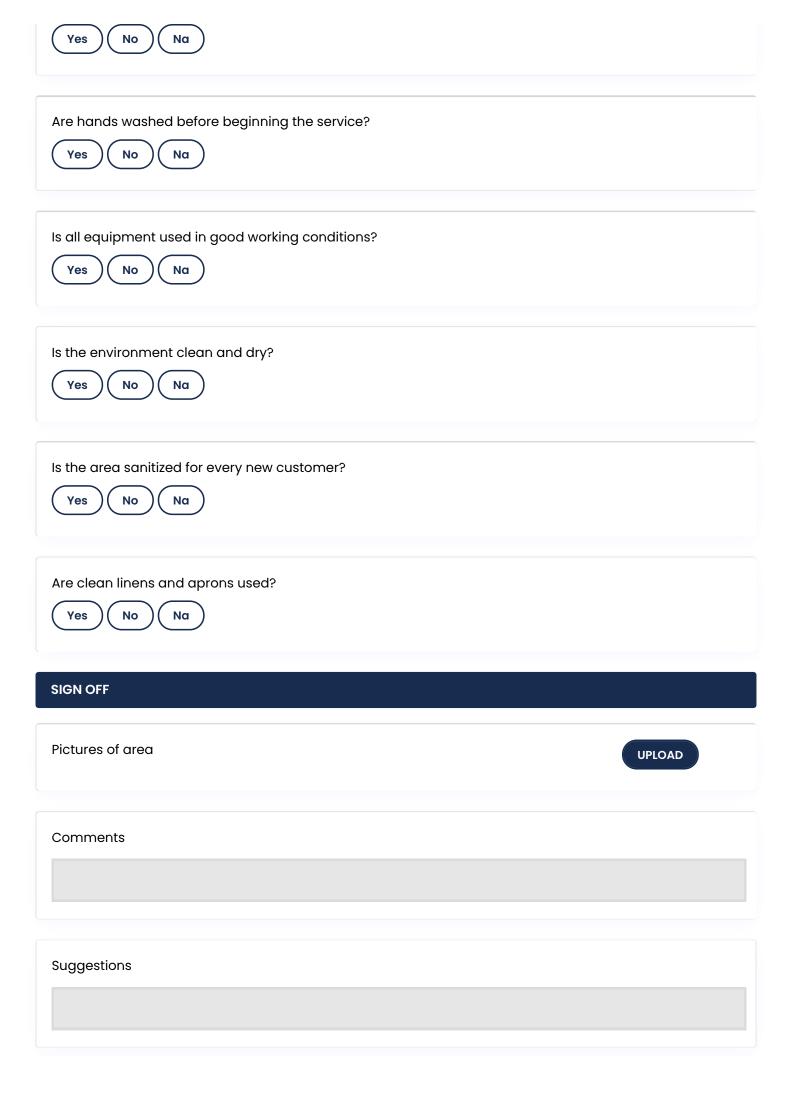
Is the area structurally suitable to run the business?

Yes No Na
Is there a hand wash area? Yes No Na
Is there a good washing area with drainage?
Are the fittings durable?
Is there a proper floor covering?
Are all surfaces easily cleanable?
Is there clean, potable, warm water in the hand wash area?
Is there a proper storage area? Yes No Na
Is there liquid soap in the hand wash area? Yes No Na

Is the tool cleaning area and hand wash area separate?



Are only new/sterilized tools used?



Name the employee who guided you throughout
Inspection date and time
Inspection result was satisfactory or not
Action taken ( any notice)
Need for re-inspection textarea
Date of re-inspection DATE 2017-01-01
Inspector name
Inspector Signature SIGNATURE
Will this report be forwarded to the owner of the hair salon?



## TRASH

Is a sharps container available? Yes No Να Is sharps container disposed of as per the rules? Yes No Να Is a trash bin available everywhere? Να Yes No Is the trash bin covered? Yes No Na Is there separate trash for single-use plastic? Yes No Να Is there a clinical waste bin? Yes No Na Are all trash bins emptied every day? No Να Yes Is the area around the trash bin clean? Yes No Na