

# Face Mask Inspection Checklist

## Facility and Services

### GENERAL

Salon name

License number

Owner

Location

No. of employees including cleaning staff

Reason for inspection

Are the business details intimated?

☐ Yes ☐ No ☐ Na

Is there an issue with the inspection invoice?

Yes

No

Na

Is hair cutting done here?

Yes

No

Na

Is hair coloring done here?

Yes

No

Na

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?

Yes

No

Na

Is makeup done here?

Yes

No

Na

Is hair spa done here?

Yes

No

Na

Is hair treatment done here?

Yes

No

Na

Is any other service provide?

Yes

No

Na

## HYGIENE

Are single-use hand towels provided?

Yes

No

Na

Is there good ventilation?

Yes

No

Na

Is it well illuminated?

Yes

No

Na

Is the facility clean?

Yes

No

Na

Is the furniture suitable to provide service?

Yes

No

Na

Is the furniture in good condition?

Yes

No

Na

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?

Yes

No

Na

Are the fittings durable?

Yes

No

Na

Is there a proper floor covering?

Yes

No

Na

Are all surfaces easily cleanable?

Yes

No

Na

Is there clean, potable, warm water in the hand wash area?

Yes

No

Na

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?

Yes

No

Na

Is the disinfectant of good grade?

Yes

No

Na

Are all tools sterilized after use?

Yes

No

Na

Are equipment dried and cleaned after use?

Yes

No

Na

Are sterilized tools kept in a sterilized environment?

Yes

No

Na

## SERVICE

Are fresh gloves and aprons worn by the stylist?

Yes

No

Na

For skin procedures, is the area cleaned with antiseptic before starting?

Yes

No

Na

Are all single-use items used during waxing?

Yes

No

Na

Are only new/sterilized tools used?

☐ Yes☐ No☐ Na

Are hands washed before beginning the service?

☐ Yes☐ No☐ Na

Is all equipment used in good working conditions?

☐ Yes☐ No☐ Na

Is the environment clean and dry?

☐ Yes☐ No☐ Na

Is the area sanitized for every new customer?

☐ Yes☐ No☐ Na

Are clean linens and aprons used?

☐ Yes☐ No☐ Na

## SIGN OFF

Pictures of area

UPLOAD

Comments

Suggestions

Name the employee who guided you throughout

Inspection date and time

☐ Yes ☐ No ☐ Na

Inspection result was satisfactory or not

☐ Yes ☐ No ☐ Na

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?

☐ Yes☐ No☐ Na

## TRASH

Is a sharps container available?

☐ Yes☐ No☐ Na

Is sharps container disposed of as per the rules?

☐ Yes☐ No☐ Na

Is a trash bin available everywhere?

☐ Yes☐ No☐ Na

Is the trash bin covered?

☐ Yes☐ No☐ Na

Is there separate trash for single-use plastic?

☐ Yes☐ No☐ Na

Is there a clinical waste bin?

☐ Yes☐ No☐ Na

Are all trash bins emptied every day?

☐ Yes☐ No☐ Na

Is the area around the trash bin clean?

☐ Yes☐ No☐ Na

