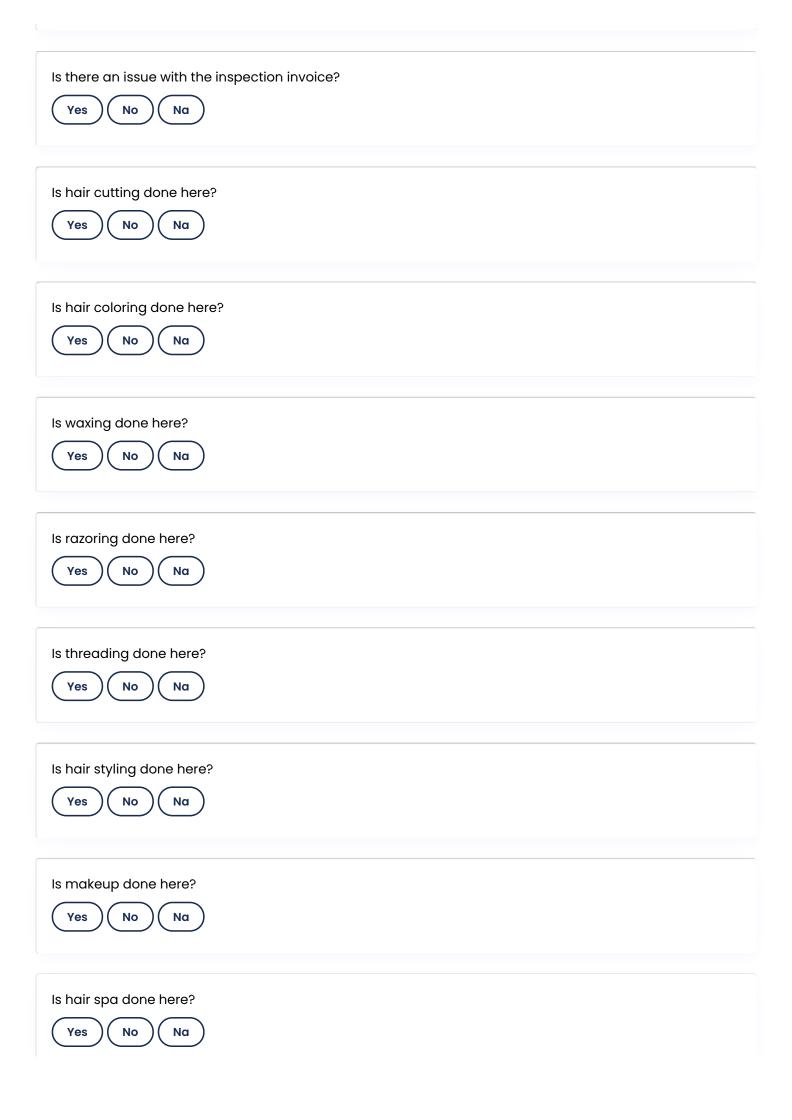
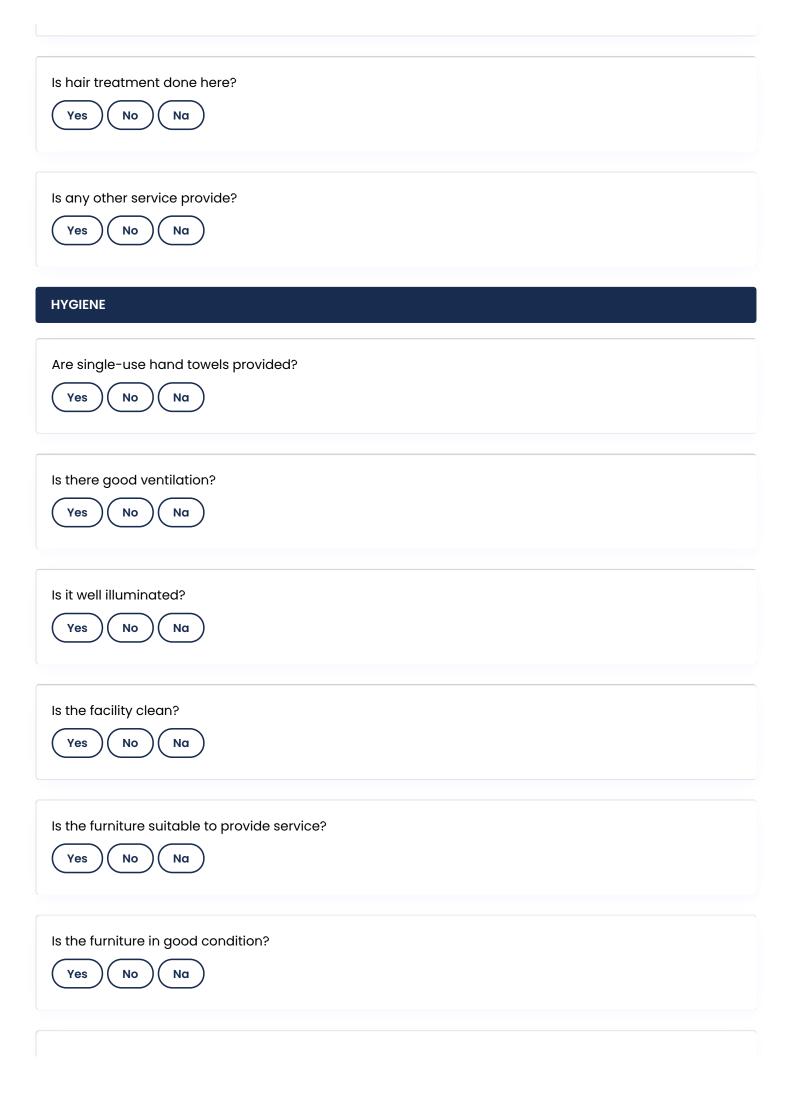
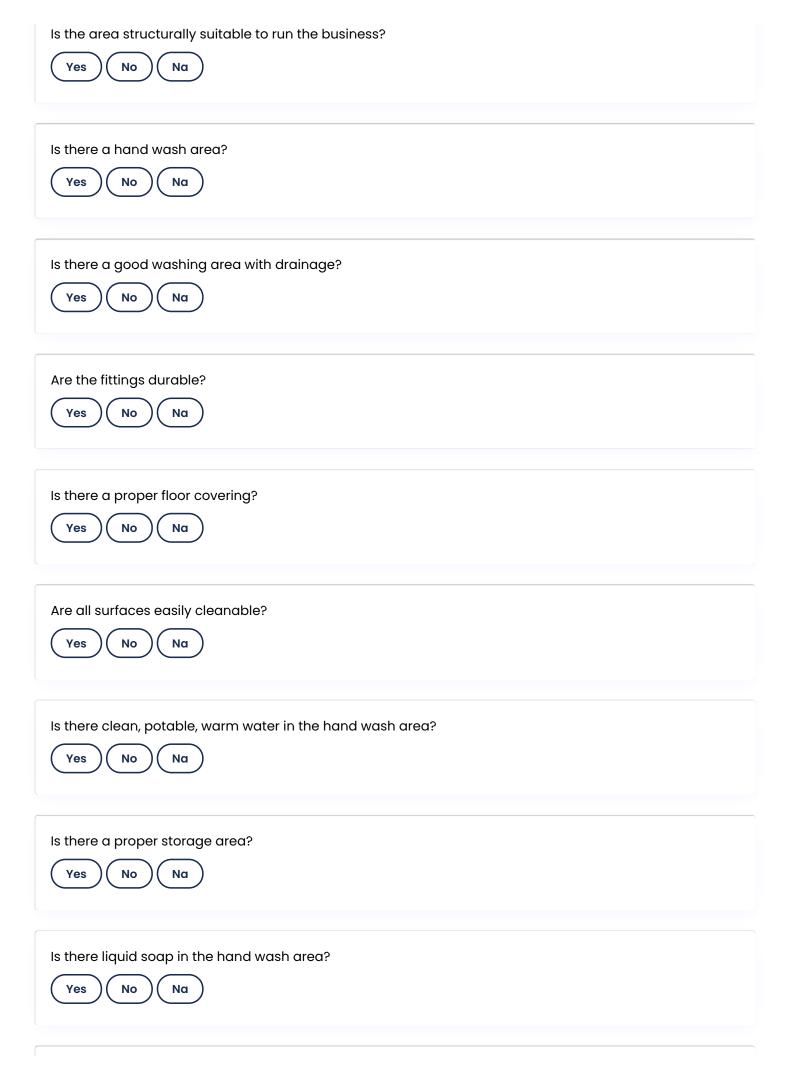
Face Mask Inspection Checklist

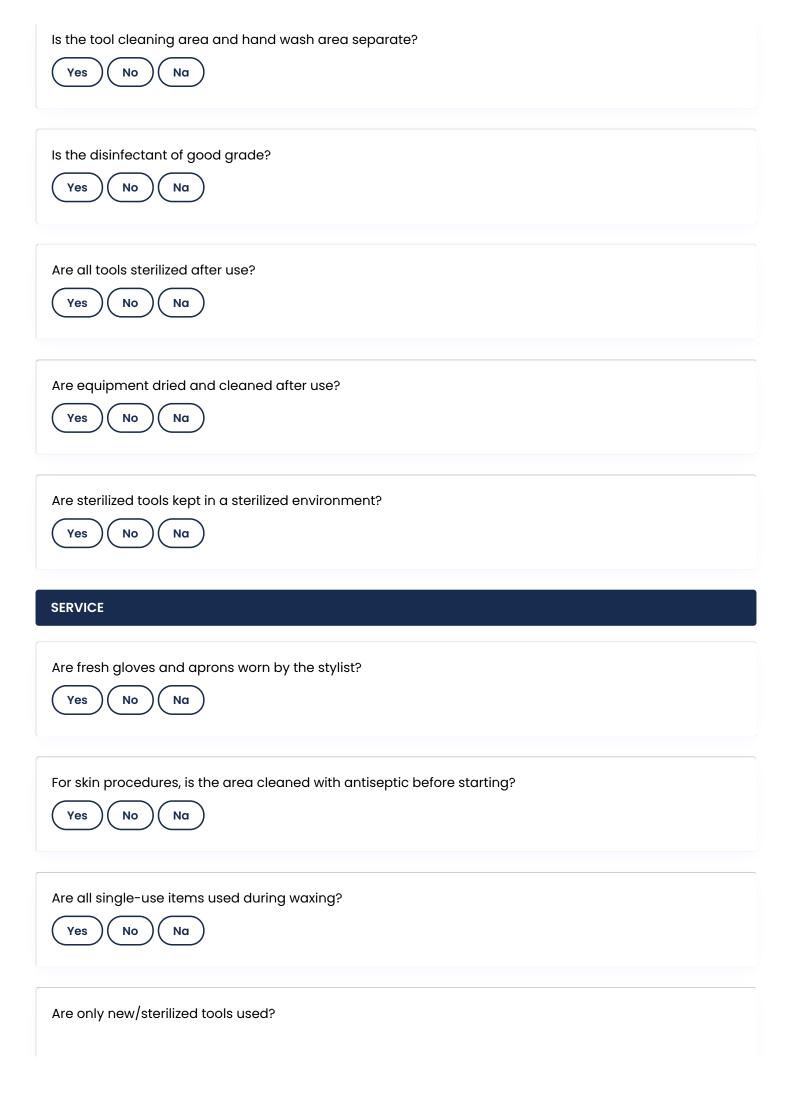
Facility and Services

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









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 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

