

Hair Salon Inspection

Beauty & Cosmetics Personal Care

AUDIT DETAILS

Location Name

Location Address

Owner name

Staff interacted with

Mode of visit

 Routine visit Revisit Complaint Final

Were you notified regarding the Business details?

 Yes No NA

CLEANLINESS AND HYGIENE

Were the equipment cleaned and dried after the usage?

Yes No NA

Did the staff use Hospital grade disinfectant?

 Yes No NA

Were the sterilized articles kept in sterilized areas?

 Yes No NA

Please upload any relevant image

EQUIPMENT

Were the equipment properly functional?

 Yes No NA

Were the equipment stored in a clean and dry environment?

 Yes No NA

Were the linen clean?

 Yes No NA

Were the clean and dirty linen stored separately?

 Yes No NA

Were the articles used to penetrate the skin clean and sanitized properly?

 Yes No NA

SALON INTERIOR

Was the interior area clean and hygienic?

 Yes No NA

Were the interiors well maintained and well arranged?

 Yes No NA

Did the salon have adequate facilities of washing, drainage, ventilation and lighting?

 Yes No NA

Were the floor coverings, shelves, fittings and furniture properly arranged in the premises?

 Yes No NA

Were the shelves fittings and furniture smooth, durable, water resistant and capable of cleaning?

 Yes No NA

Was there any Hand wash basin available?

 Yes No NA

Was a hand wash basin allocated with a facility of warm water running through a common tap?

 Yes No NA

Were the walls near the hand wash basin smooth, durable, water resistant and capable of cleaning?

 Yes No NA

Were the disposable towels or any other hand drying equipment available?

Yes

No

NA

Was the liquid soap available?

Yes

No

NA

Was a separate sink allocated for cleaning the equipment?

Yes

No

NA

Did the cleaning sink had a supply of warm water?

Yes

No

NA

SERVICE PROCEDURE

Did the staff wash his hands before and after performing the service?

Yes

No

NA

Was the staff dressed in clean gown and aprons during the skin penetration procedure?

Yes

No

NA

Did the staff wear disposable gloves while performing the service?

Yes

No

NA

Did the staff apply any antiseptic or pre-waxing solution before starting the service

Yes

No

NA

Was the wax disposed after use?

Yes

No

NA

Was the spatula disposed after use?

Yes

No

NA

Did the staff used disposable applicator?

Yes

No

NA

Did the staff dispose off the container post service?

Yes

No

NA

WASTE DISPOSAL

Was the waste disposal bin available?

Yes

No

NA

Was the sharp equipment container properly disposed off?

Yes

No

NA

Were the sharp equipment or needles disposed into the container quickly after use?

Yes

No

NA

Were the disposable items quickly disposed after use?

Yes

No

NA

Was there any Clinical waste bin available?

Yes

No

NA