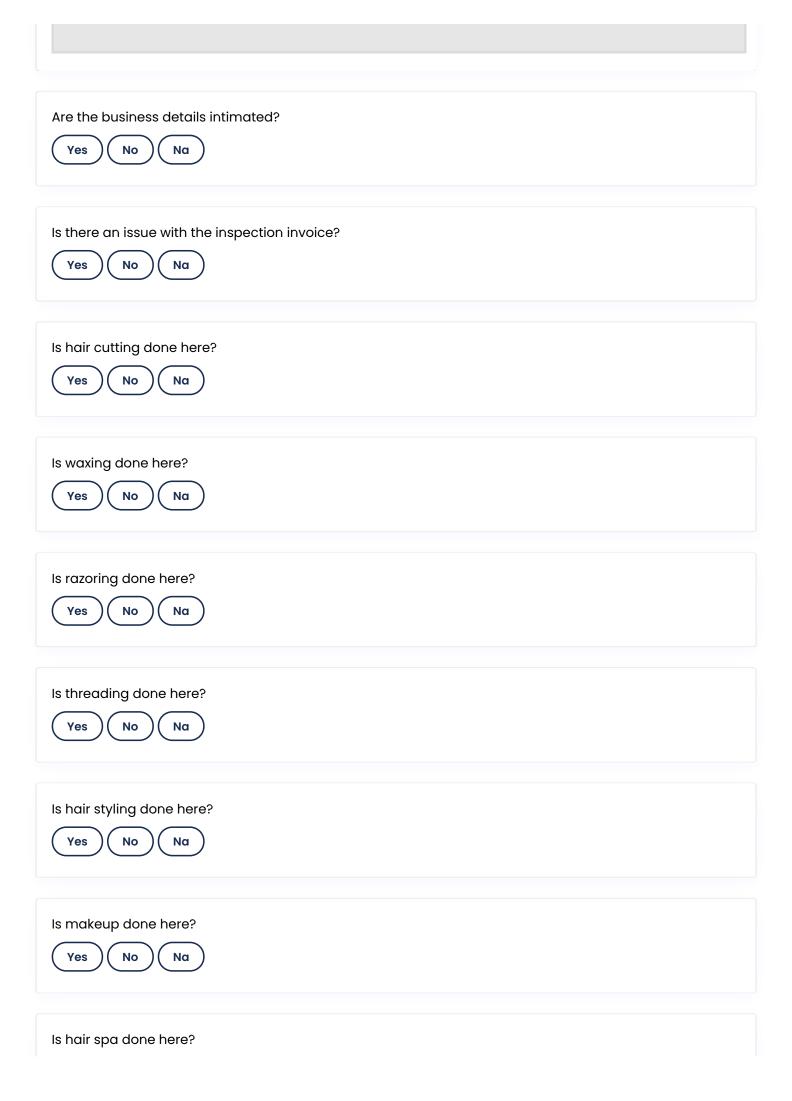
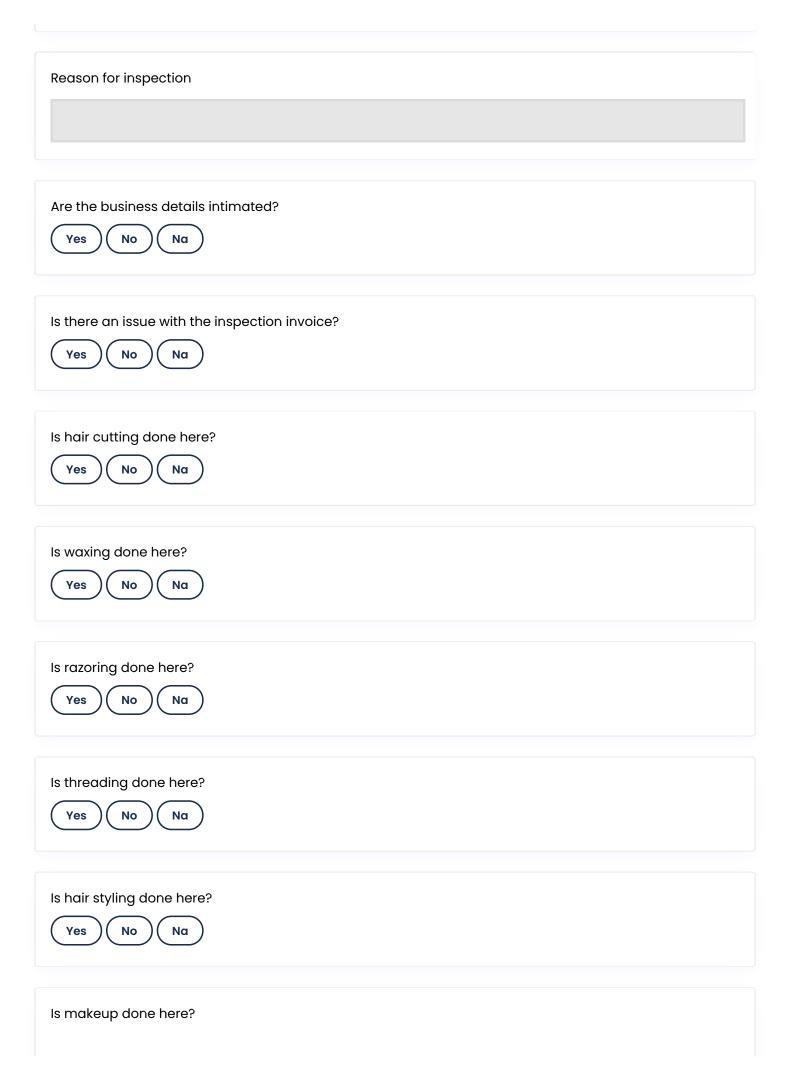
## Hairdresser and beauty salon inspection checklist

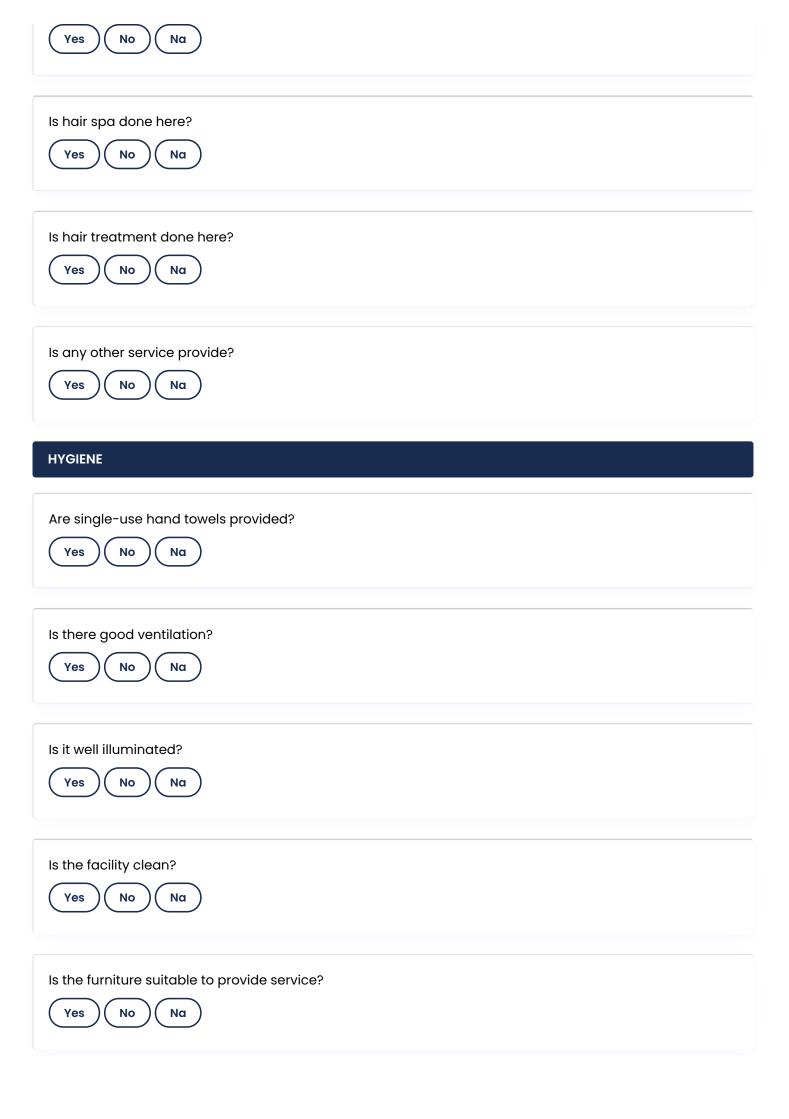
**Beauty & Cosmetics Personal Care** 

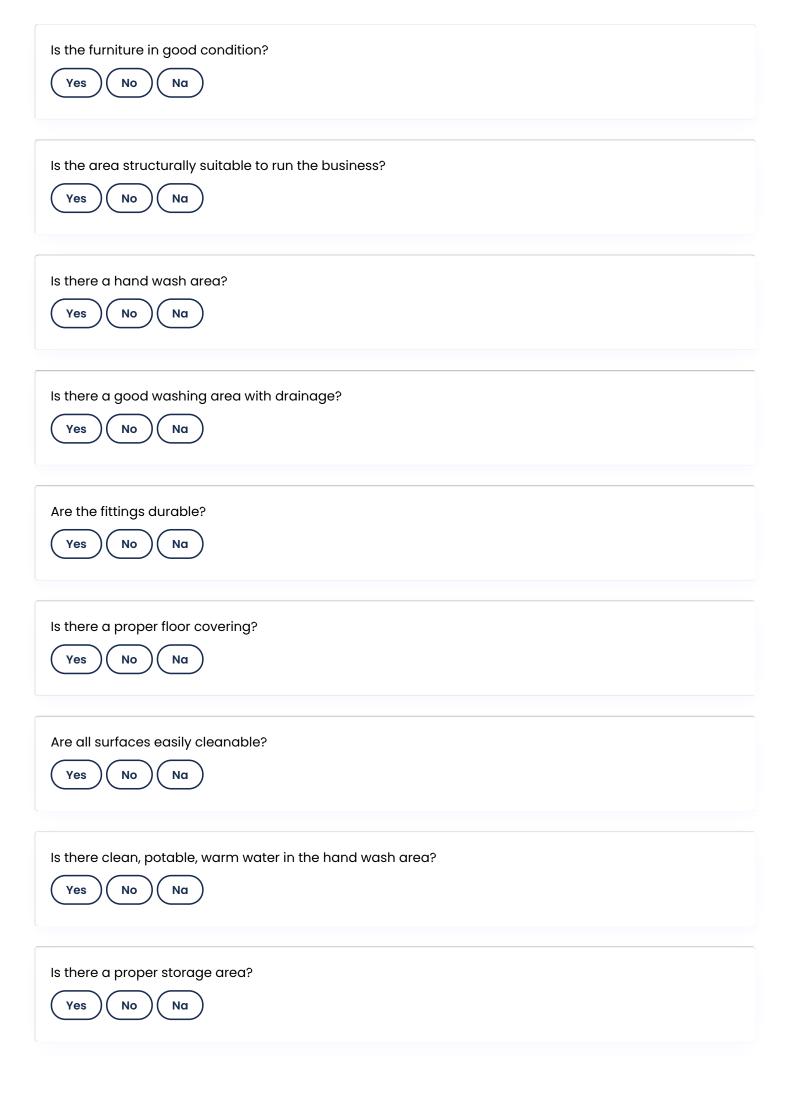
GENERAL	
Is hair coloring done here?  Yes No Na	
Salon name	
License number	
Owner	
Location	
No. of employees including cleaning staff	
Reason for inspection	

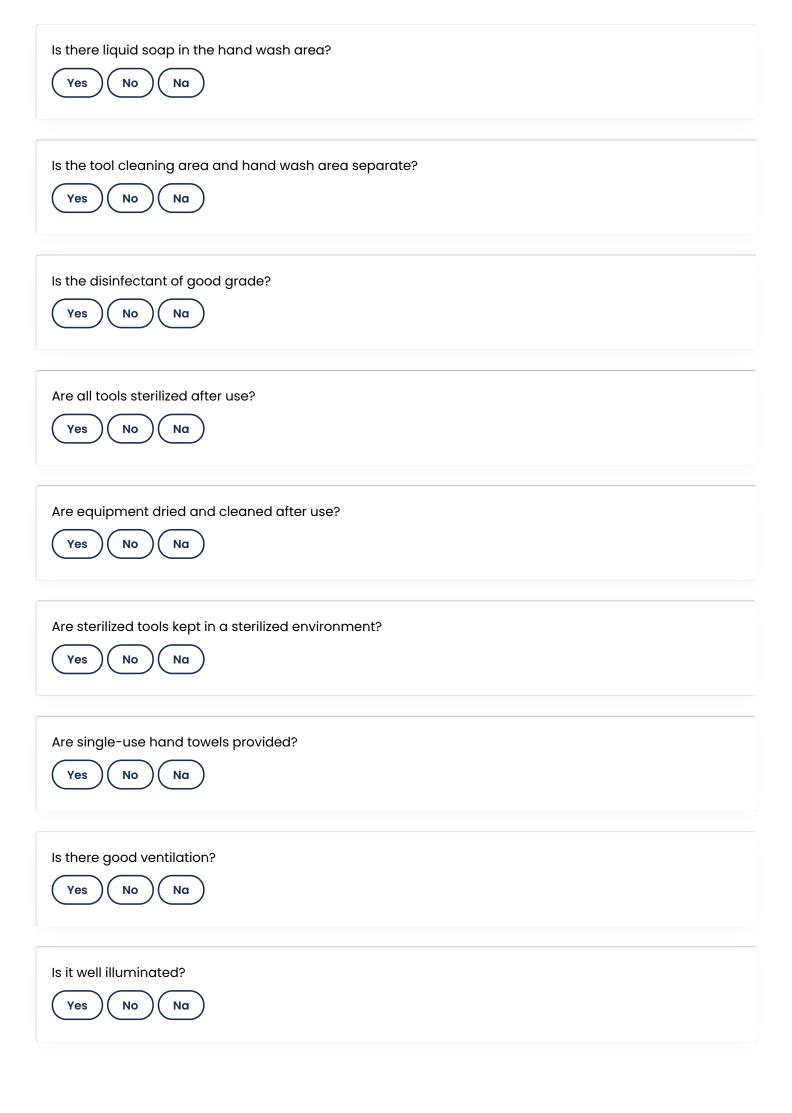


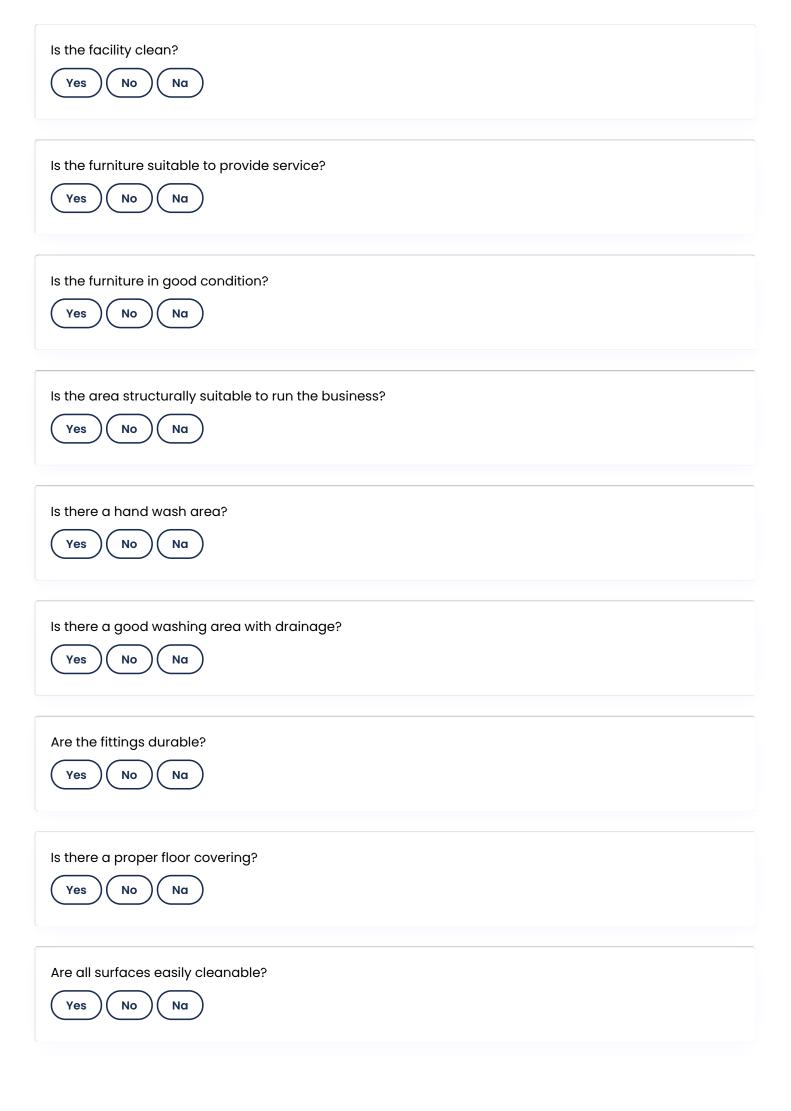
Yes No Na
Is hair treatment done here?  Yes No Na
Is any other service provide?  Yes No Na
Is hair coloring done here?  Yes No Na
Salon name
License number
Owner
Location
No. of employees including cleaning staff

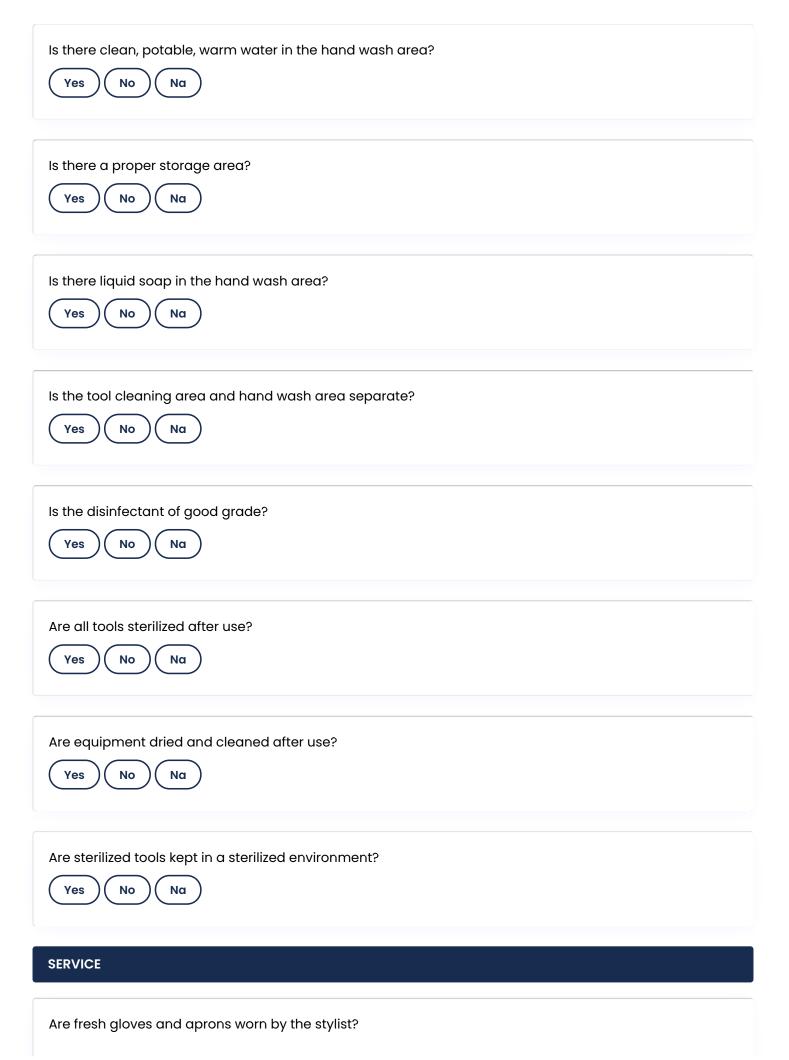


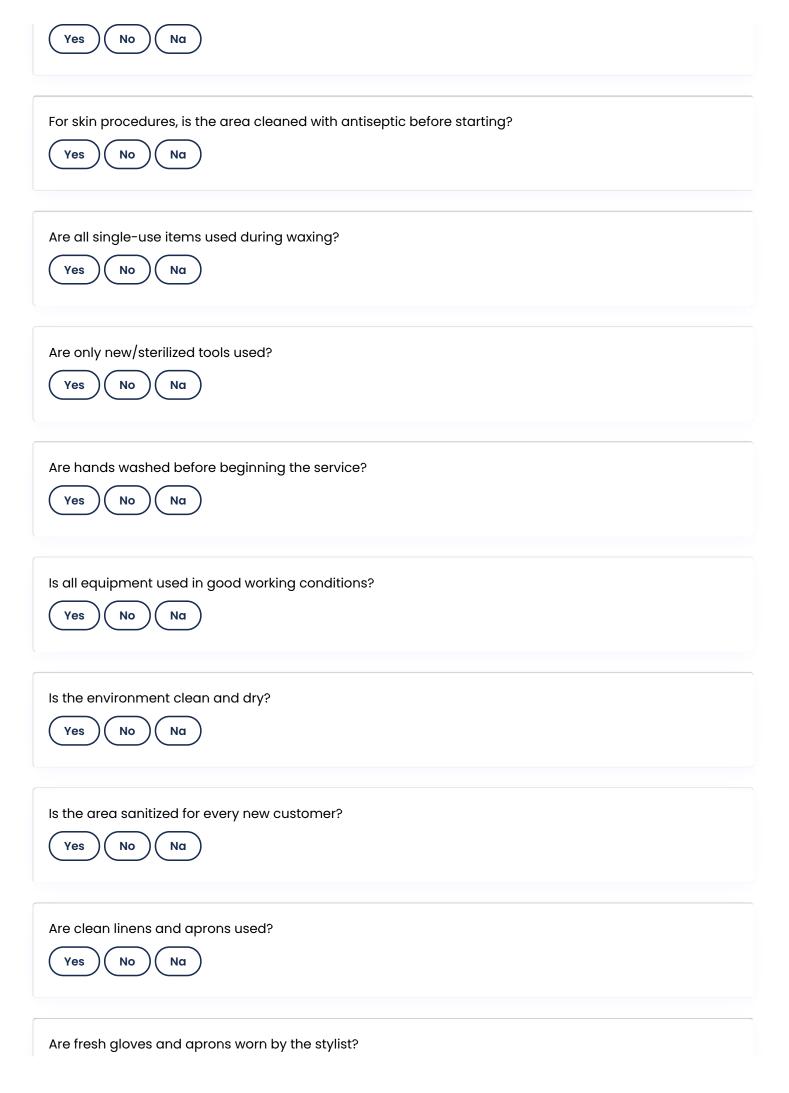


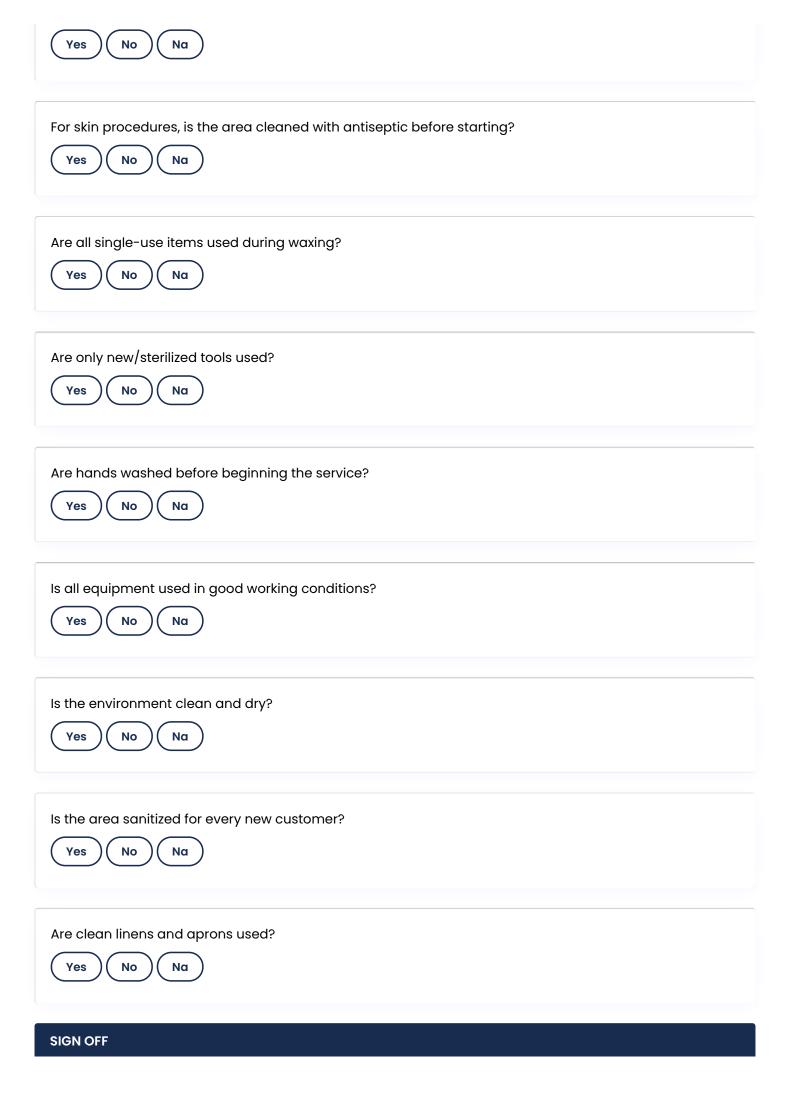












Pictures of area	UPLOAD
Comments	
Suggestions	
Name the employee who guided you throughout	
Inspection date and time  Yes No Na	
Inspection result was satisfactory or not  Yes No Na	
Action taken ( any notice)	
Need for re-inspection textarea	

Date of re-inspection	DATE
2017-01-01	
Inspector name	
Inspector Signature	
inspector signature	SIGNATURE
Will this report be forwarded to the owner of the hair salon?	
Yes No Na	
Pictures of area	UPLOAD
Comments	
Comments	
Comments	
Comments Suggestions	
Suggestions	
Suggestions  Name the employee who guided you throughout	
Suggestions	

