

Hairdressing, Beauty and Skin Penetration

Beauty & Cosmetics Personal Care

AUDIT DETAILS

Name of the owner

Staff name

Your Phone number

Your Email Id

Mode of Inquiry

☐ Routine visit

☐ Revisit

☐ Complaint

☐ Final

Please mark the services undertaken at the salon

- ☐ Haircut ☐ Acupunture ☐ Manicure ☐ Pedicure ☐ Massage ☐ Ear Piercing ☐ Body Piercing
☐ Waxing ☐ Electrolysis ☐ Beauty Treatment ☐ Tattooing

CLEANLINESS AND MAINTENANCE

Were the premises clean and hygienic?

☐ Yes☐ No☐ NA

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

☐ Yes☐ No☐ NA

Was a separate sink allocated for cleaning the equipment?

☐ Yes☐ No☐ NA

Were the floors and walls smooth, durable and water resistant?

☐ Yes☐ No☐ NA

Was the construction of the premises in a good condition?

☐ Yes☐ No☐ NA

Did the premises have a proper ventilation facility?

☐ Yes☐ No☐ NA

Were the shelves, fittings, fixtures and furniture smooth, durable and water resistant?

☐ Yes☐ No☐ NA

EQUIPMENT

Was the equipment clean and stored in a neat and dry area?

☐ Yes☐ No☐ NA

Was the unexpired Hospital Grade disinfectant used to clean the equipment's?

☐ Yes☐ No☐ NA

Did the staff use clean linen, garments and towels for each client?

Yes

No

NA

Were the soiled and clean equipment kept separately?

Yes

No

NA

Was the cleaning equipment neat and well maintained?

Yes

No

NA

Were the chemicals store in a cool, dry and well ventilated area?

Yes

No

NA

Were the bins provided to dispose off waste?

Yes

No

NA

Were the bins provided to dispose off sharp items?

Yes

No

NA

HYGIENE

Were the soaps and disposable towels placed near the hand wash basin area?

Yes

No

NA

Did the staff wash his hands while attending any client or if there's any interruption during the service?

Yes

No

NA

Did you observe any staff eating or drinking while attending the clients?

Yes

No

NA

Did you observe any pests or rodents in the service area?

Yes

No

NA

Did you observe anyone smoking in public access areas?

Yes

No

NA

Did the staff use a clean waterproof dressing to cover the cuts?

Yes

No

NA

Was the staff dressed in clean clothing throughout the visit?

Yes

No

NA

Did the staff wore any kind personal protective clothing, if required?

Yes

No

NA

Did the staff clean the equipment with the detergent and warm water before use?

Yes

No

NA

SKIN PENETRATION TREATMENT

Did the staff use a strong/dry heated sterilizer to sterilizer re-usable equipment?

Yes

No

NA

Were the articles used to penetrate the skin sterilized before use?

☐ Yes☐ No☐ NA

Were the articles used to penetrate the skin sterilized before re-use and disposed off immediately?

☐ Yes☐ No☐ NA

Were the single use disposable items disposed off after each use?

☐ Yes☐ No☐ NA

Did the staff wear new sterile gloves before contacting the sterilized items?

☐ Yes☐ No☐ NA

Did the staff keep any record of the process and timeline of each sterilization?

☐ Yes☐ No☐ NA

Were the Ear piercing guns used for only piercing ears?

☐ Yes☐ No☐ NA

Did the staff apply an approved skin antiseptic on the skin?

☐ Yes☐ No☐ NA

WAXING

Did the staff wear the disposable gloves and were these gloves disposed off immediately after use?

☐ Yes☐ No☐ NA

Was the wax disposed off immediately after the service?

☐ Yes☐ No☐ NA

Were the single use spatulas used more than once and redipped

☐ Yes☐ No☐ NA

Were the re-usable equipment cleaned properly after each use?

☐ Yes☐ No☐ NA