

PERSONAL CARE AND BODY ART REGISTERED PREMISES

Beauty & Cosmetics Personal Care

CLEANLINESS AND HYGIENE

Was there an adequate waste disposal facility available?

☐ Yes☐ No☐ NA

Were the sharp equipment such as blades disposed off post usage?

☐ Yes☐ No☐ NA

Were the dispensers and spray bottles clean?

☐ Yes☐ No☐ NA

Did you observe any insects or pests inside the centre?

☐ Yes☐ No☐ NA

Did the staff wash and sanitize his hands before starting the service?

☐ Yes☐ No☐ NA

Were the procedures of cleaning, disinfection and sterilization properly followed in the centre?

☐ Yes☐ No☐ NA

Did the staff used a sanitizer containing at least 70% alcohol?

☐ Yes☐ No☐ NA

Did the staff properly follow the clean up process in case of any bleeding during the service?

Yes

No

NA

ESSENTIAL REQUIREMENTS

Was the First Aid Kit present?

Yes

No

NA

Did the staff provide a PPE kit to you?

Yes

No

NA

Were the items disposed off after use?

Yes

No

NA

Was the service area completely ready before you entered?

Yes

No

NA

Was the client information sheet updated before the service?

Yes

No

NA

Was the client information sheet updated after the service?

Yes

No

NA

Did the staff check your skin before starting the service?

Yes

No

NA

Was the area cleaned post service?

☐ Yes☐ No☐ NA

Did the staff update the Client Records properly?

☐ Yes☐ No☐ NA

SALON MAINTENANCE

Were the floor, walls and ceiling well maintained?

☐ Yes☐ No☐ NA

Were the fittings and furniture well maintained?

☐ Yes☐ No☐ NA

Was there a hand basin/hands free allocated for use?

☐ Yes☐ No☐ NA

Was a separate sink provided for the equipment?

☐ Yes☐ No☐ NA

Were the linen cleaned properly?

☐ Yes☐ No☐ NA

SERVICES

Was the wax temperature comfortable?

☐ Yes☐ No☐ NA

Were the spa jets cleaned and sanitized properly?

☐ Yes☐ No☐ NA

Did the staff use separate equipment for each client?

☐ Yes☐ No☐ NA

Was the staff aware about fungal/bacterial nail infections, if any?

☐ Yes☐ No☐ NA

Did the service area have adequate ventilation?

☐ Yes☐ No☐ NA

Were all the required surfaces covered during the service?

☐ Yes☐ No☐ NA

Did the staff dispose off the used containers?

☐ Yes☐ No☐ NA

Did the staff sterilize the instruments and jewelleryes?

☐ Yes☐ No☐ NA

Were the sterilizing procedure properly?

☐ Yes☐ No☐ NA

Did the staff maintain any records for the sterilization process?

☐ Yes☐ No☐ NA

[VISIT DETAILS](#)

Name of the staff

Location Name

Location Address

Name of the manager

Mode of appointment

Booked an appointment

Walk In

Date of visit

DATE

2017-01-01

Time of visit

TIME

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