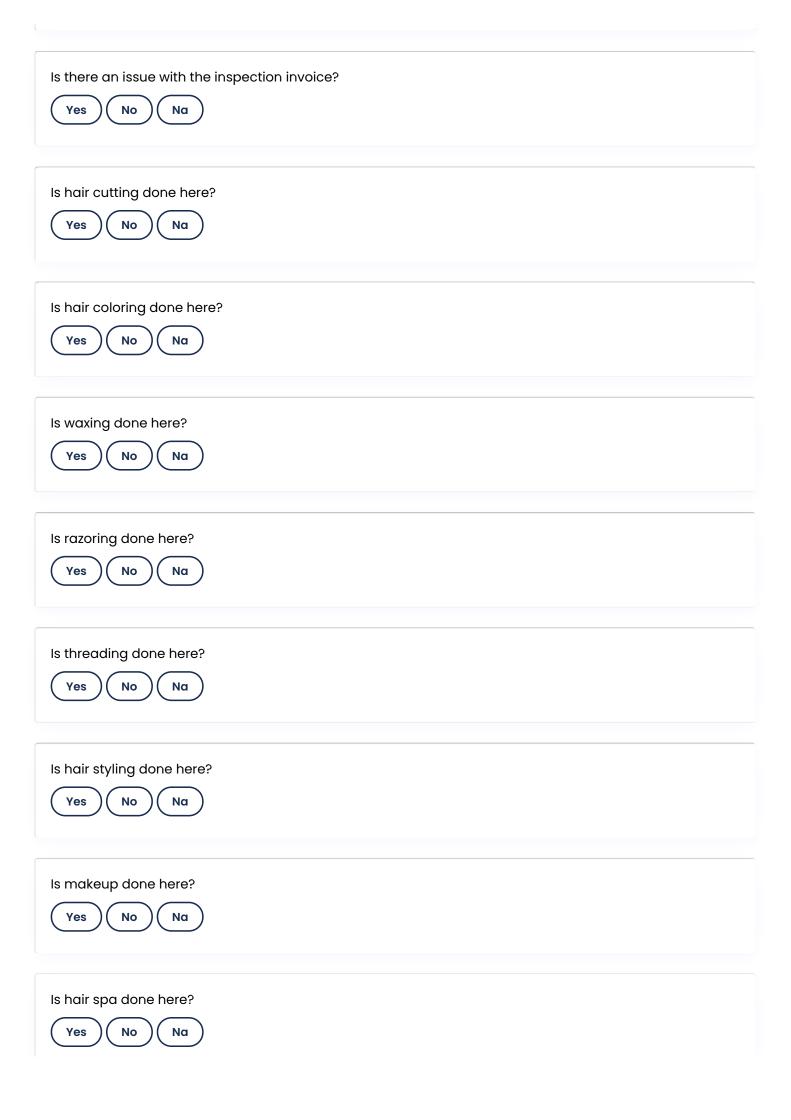
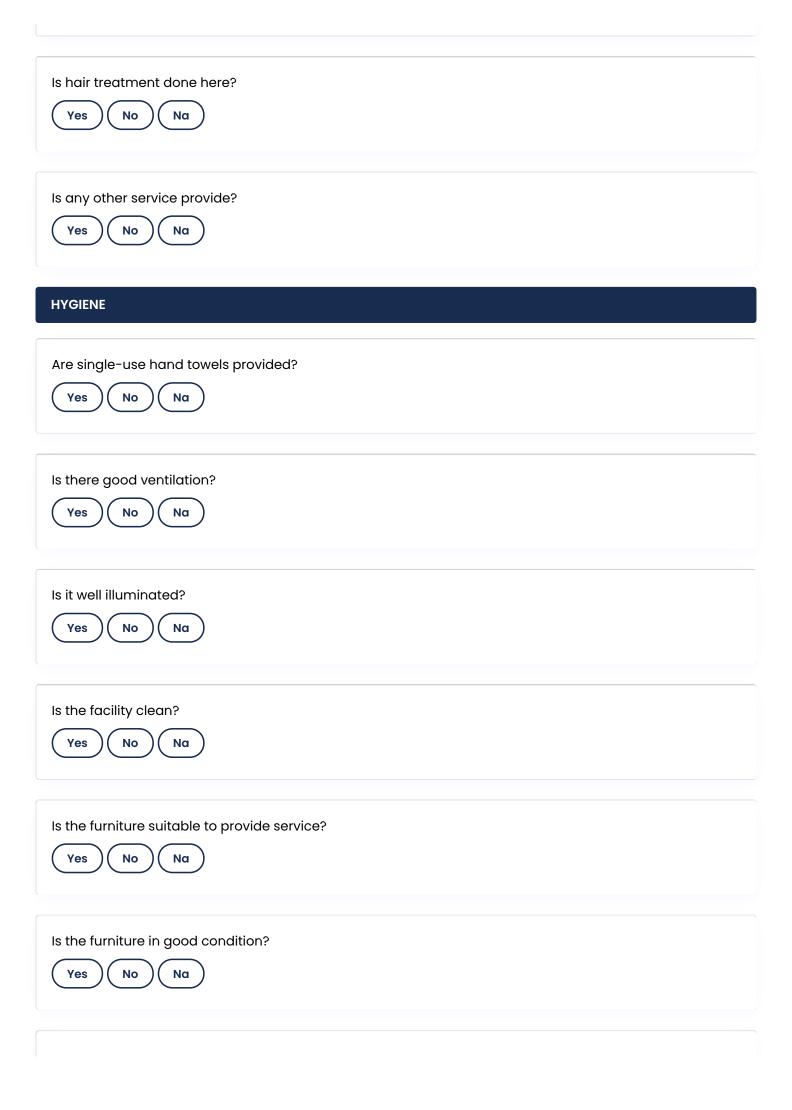
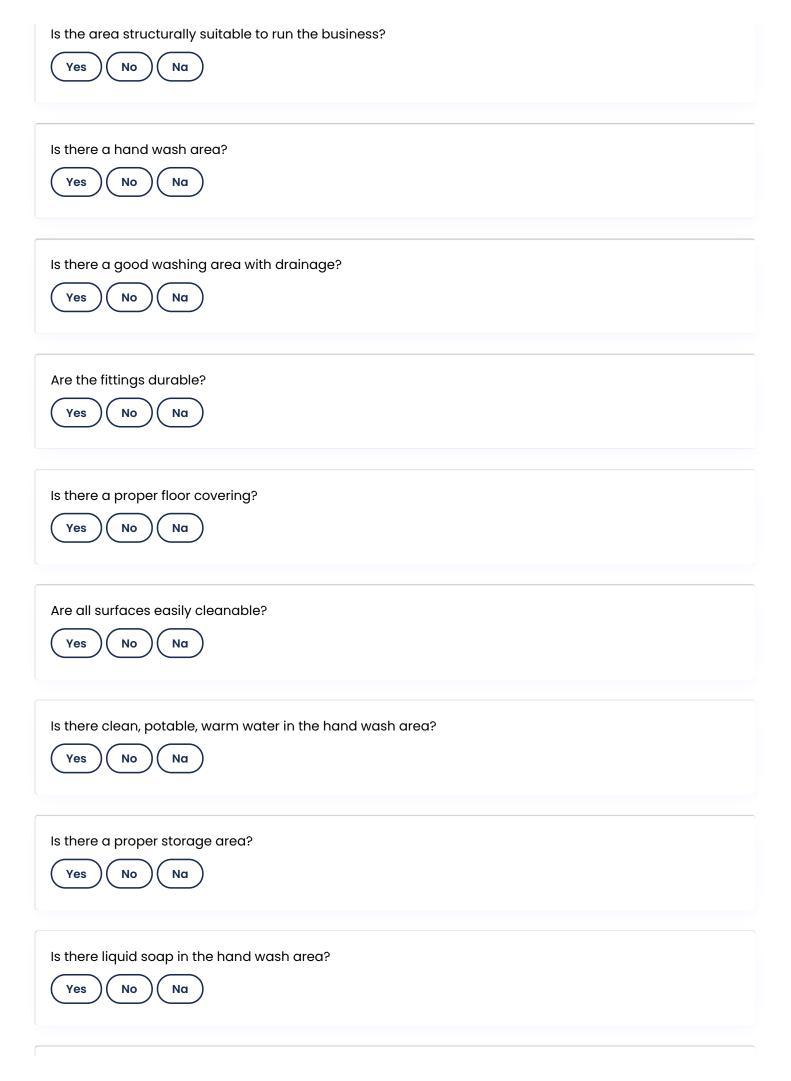
Spa nail treatment therapist audit checklist

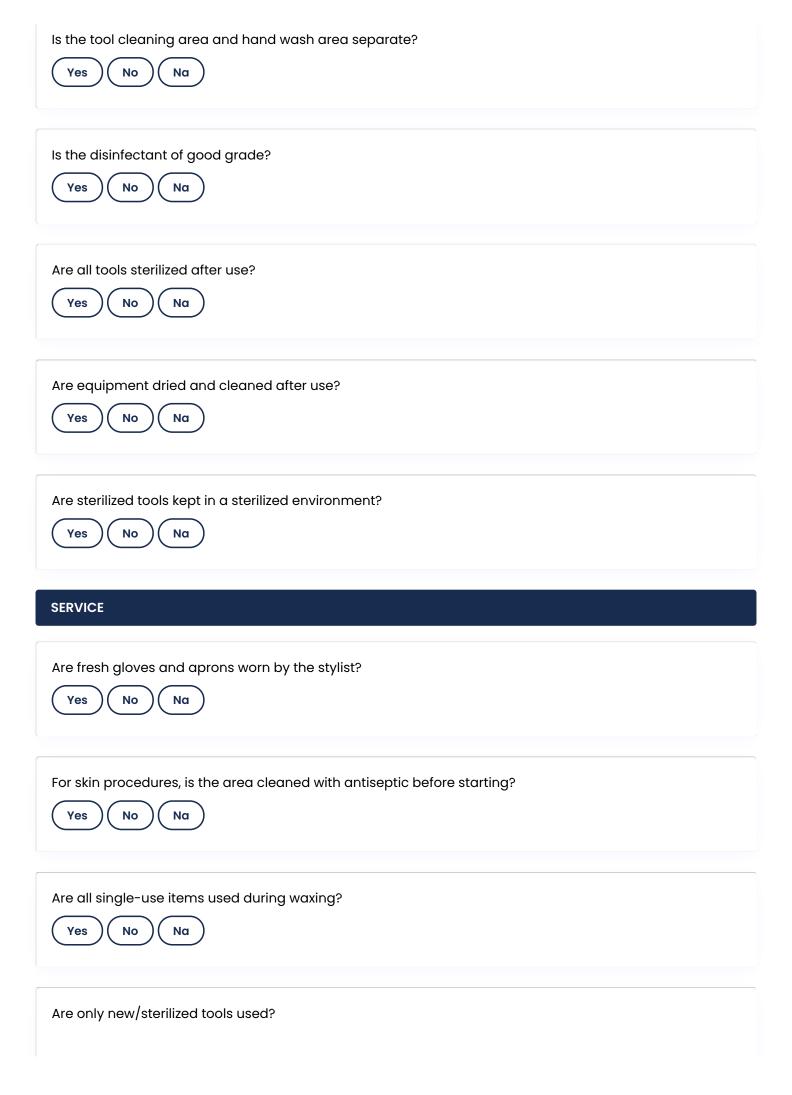
Beauty & Cosmetics Personal Care

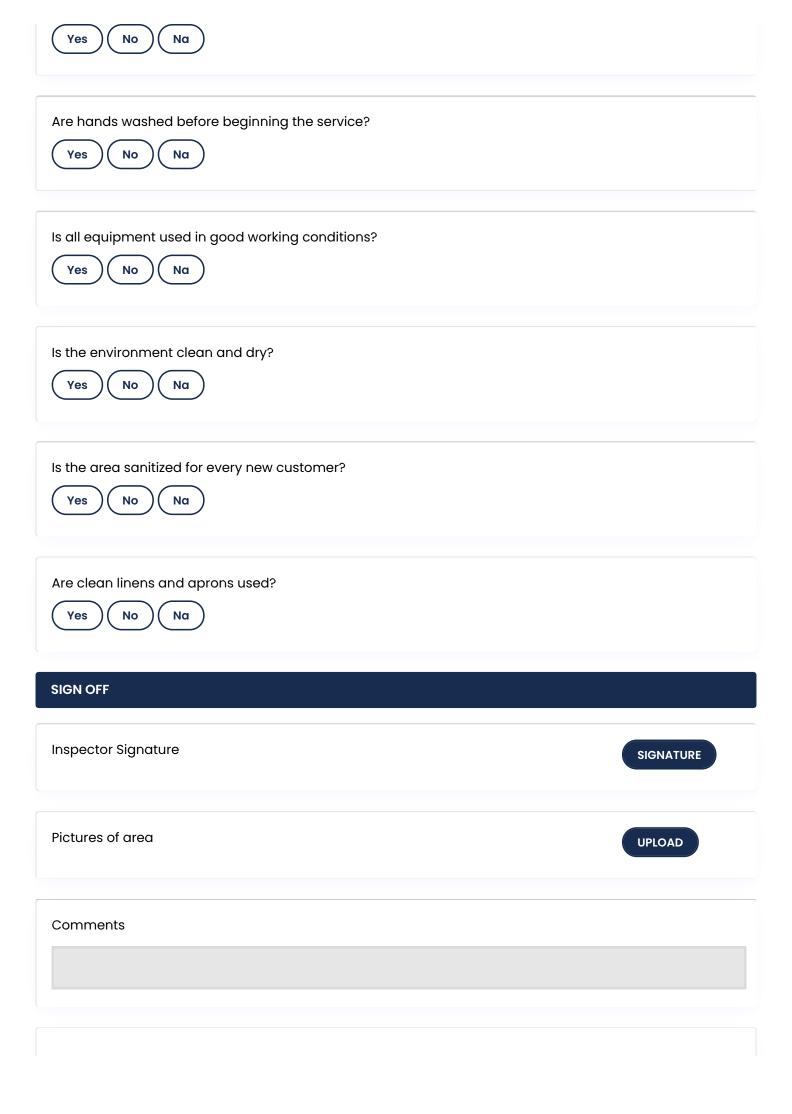
GENERAL
Salon name
License number
Owner
Location
No. of employees including cleaning staff
Reason for inspection
Are the business details intimated?
Yes No Na











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

