



INSPECTION REPORT FOR BEAUTY & MASSAGE PARLOUR.

PREMISES KNOWN AS:

NATURE OF BUSINESS :

LOCATION:

LICENCEE:

A.	<u>WORKING ROOM/ AREA.</u>	<u>CONDITIONS IN BRIEF</u>
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Sink for washing purposes	
	• Cold & Hot Water	
	• Towels supply	
6..	Shelves, Racks, Counter	
7.	Equipment	
8.	wash hand basin/ hand towels	
9.	Water supply	
10.	Personal Hygiene of workers	
11.	Use of aprons/ protective clothing	
12.	Insects / Vermin	
13.	Personal Hygiene of workers	
	• Aprons	
14.	Protective clothing for customers	
	• Neck towels	
	• capes	
	•	
15.	Furniture/fixtures/fittings	
16.	Receptacles	
	• soiled cloth	
	• others	
B.	<u>WAITING AREA/ LOUNGE</u>	
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Furniture	
6.	Insects/Vermin	
C.	<u>PREPARATION ROOM</u>	
1.	Floor	

2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
D.	<u>TOILETS</u> [Male and Female]	<u>CONDITIONS IN BRIEF</u>
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Pan, Seat, Urinal	
6.	Flushing Apparatus	
7.	Wash Hand Basins	
8.	Soap	
9.	Hand driers/ hand towels	
10.	Provision of toilet papers	
G.	<u>STORAGE ROOM</u>	
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Hairdressing Chemicals	
H.	<u>GENERAL</u>	
1.	Rubbish Bins	
2.	General House - keeping	
3.	External surrounding.	
4.	Commercial refuse disposal	
5.	Drainage	
6.	Valid Health Permit/License displayed	
7.	Nature of chemicals used if any	
INSPECTED BY: _____ (Print Name)	
SIGNATURE: _____	
DATE OF INSPECTION: _____		Company representative & signature