



SUVA CITY COUNCIL
Health Services Department

F

INSPECTION REPORT FOR HAIRDRESSERS & CHIROPODISTS.

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 hair washing	
	<ul style="list-style-type: none"> • Cold & Hot Water supply • Clean Towels supply 	
6.	Disinfectant used for sterilizing hairdressing equipments	
7.	Shelves, Racks, Counter	
8.	Hairdressing Equipment <ul style="list-style-type: none"> • Sterilized for every customer • Disposable items 	
9.	Wash hand basin & hand towels	
10.	Water supply	
11.	Personal hygiene of workers	
12.	Use of aprons/ protective clothing by workers	
13.	Insects / Vermin	
14.	Protective clothing for customers <ul style="list-style-type: none"> • Clean Neck towels • Clean Capes 	
15.	Furniture/fixtures/fittings	
16.	Receptacles for <ul style="list-style-type: none"> • hair clippings • soiled cloth • other rubbish 	

B.	<u>CUSTOMERS WAITING AREA & SERVICE COUNTER AREA.</u>	
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Furniture	
6.	Insects/Vermin	
C.	<u>INGREDIENT PREPARATION ROOM</u> [if separate room is provided]	CONDITIONS IN BRIEF
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
D.	<u>TOILETS</u> [Male and Female]	
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/Licence displayed	
INSPECTED BY: _____ (Print Name)	
SIGNATURE: _____	 Company representative & signature
DATE OF INSPECTION: _____		