**Beauty Salon manager check list VTCT**

**Risk Assessment for session**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | PLEASE TICK WHERE APPROPRIATE | Yes | No | Risk High/Low | Action Taken |
| 1 | Is the access to the salon free from obstacles? |  |  |  |  |
| 2 | Is the fire escape free from hazards? |  |  |  |  |
| 3 | Is all equipment clean and sterilised? |  |  |  |  |
| 4 | Is the seating free from dirt /chemicals /products? |  |  |  |  |
| 5 | Are all work stations clean including chrome legs? |  |  |  |  |
| 6 | Are there any trailing wires or cables in the salon? |  |  |  |  |
| 7 | Is there an autoclave for sterilising equipment? |  |  |  |  |
| 8 | Is there adequate stock in place? |  |  |  |  |
| 9 | Are all students wearing appropriate uniforms? |  |  |  |  |
| 10 | Are gloves being worn when dealing with chemicals/waxing/electrolysis? |  |  |  |  |
| 11 | Are all students wearing closed toed shoes? |  |  |  |  |
| 12 | Towels replenished in salons? |  |  |  |  |
| 13 | Dirty towels removed from the salon? |  |  |  |  |
| 14 | Have electrical equipment checks been carried out? |  |  |  |  |
| 15 | All mirrors cleaned? |  |  |  |  |
| 16 | Are bins provided & lined?  |  |  |  |  |
| 17 | Basins, trolleys & work surfaces cleaned? |  |  |  |  |
| 18 | All products returned to dispensary? |  |  |  |  |
| 19 | Is the lighting adequate? |  |  |  |  |
| 20 | Is the heating adequate in the salon? |  |  |  |  |
| 21  | Is there training available in case of fire? E.g. Fire Drills? |  |  |  |  |
| 22  | Does the salon test for allergies (patch tests)? |  |  |  |  |
| 23 | Is aftercare advice given to all clients? |  |  |  |  |
| 24  | Are the client’s records maintained securely? |  |  |  |  |
|  |  |  |  |  |  |
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| --- |
| Students comments on the above: |
| Comment on what you have learnt: |

### **TUTOR COMMENTS**

|  |  |
| --- | --- |
| Appearance  |  |
| Punctuality |  |
| Hazards cleared |  |
| Salon Kept tidy throughout session |  |
| Aware of fire evacuation procedure |  |
| Client records kept accurately |  |
| Overall professionalism/efficiency |  |
| Effective team member |  |
| Please sign to confirm all duties have been completed and checked and return this form to the dispensary  |
| Tutor Initials: | Student Signature: |

#### YOUR DUTIES AS SALON MANAGER

|  |  |
| --- | --- |
| At the start of the session:* Be in the correct Uniform
* Ensure that you have Salon Supervisor check list
* Obtain a client’s list from Reception
* Ensure that all students have set up with workstations.
* Ensure that there are no kit bags obstructing the salon.
* Ensure all personal belongings are stored suitably in student lockers.
* Check that the Salon is clean.
* Check that there are no hazards.
* Ensure that the clients have their record cards and Clint disclaimer forms.
* Collect record cards form the dispensary
 | During the Session.* Ensure that the Salon hygiene is maintained throughout the session.
* Ensure that all Health & Safety procedures are followed.
* Ensure that students do NOT leave their bags within the salon
* Ensure clients jackets/ coats are stored safely
* Assist the Tutor/Assessor and Salon Technician where necessary.
* Ensure that spillages are cleaned immediately.
* Ensure that you are aware of accident report procedures.
* Take clients reception pay at end of treatment.
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| --- | --- |
| At the end of the Session:* Ensure that all the clients’ records have been completed and returned to dispensary.
* Ensure that clients have been escorted to reception and paid.
* Ensure that all students have cleaned their workstations.
 | ENSURE THAT THE FOLLOWING IS COMPLETE:1. Sinks and taps, trolleys, sections & chairs are clean
2. Floor is swept, bins emptied
3. Dirty towels taken to Laundry
4. **SALON IS LEFT CLEAN AND TIDY FOR NEXT SESSION.**
 |

You are not expected to carry out all the cleaning tasks alone, however as an effective Salon Manager, your role is to delegate where necessary and ensure that all students clean their own area.

Health & safety (Salon Supervisor) EVIDENCE RECORD

|  |  |
| --- | --- |
| **Student Name:** | **Date:** |
| **Start Time:** | **Finish Time** |
| **Tutor:** | **Group:** |

**Records of clients having treatments:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Name** | **Ref. No** | **Treatment Received** | **Therapist** | **Amount Paid** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

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| --- | --- |
| Where is the fire fighting equipment in the salon kept? |  |
| Where is the first aid equipment kept? |  |
| Where is the accident report book kept? |  |
| What are the fire evacuation procedures in your College? |  |