



# Hairdressing Business Self-Assessment

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Proprietor Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Services provided (please tick):**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Manicure/Pedicure | <input type="checkbox"/> Piercing        |
| <input type="checkbox"/> Waxing       | <input type="checkbox"/> Permanent makeup  | <input type="checkbox"/> Other (specify) |

## 1. Standards and Awareness

Does your business have a copy of the Public Health Standards of Practice for Hairdressing?  Yes  No

Are all hairdressing staff aware of the standards, the SA Public Health Act and their legal responsibilities?  
 Yes  No

Detail staff training: \_\_\_\_\_

\_\_\_\_\_

## 2. Hygiene

Explain when disposable gloves are used by staff: \_\_\_\_\_

\_\_\_\_\_

Are hand wash facilities available on the premise that are supplied with hot and cold water, soap and disposable paper towel?  Yes  No

When do staff wash their hands: \_\_\_\_\_

Describe your procedure to manage clients who have head lice? \_\_\_\_\_

\_\_\_\_\_

Are animals excluded from the premise?  Yes  No

## 3. Cleaning of equipment and premise

How does your business clean and store reusable equipment (eg scissors, combs etc)? \_\_\_\_\_

\_\_\_\_\_

How are surfaces cleaned where direct body contact has occurred? \_\_\_\_\_

\_\_\_\_\_

How is linen cleaned and stored? \_\_\_\_\_

\_\_\_\_\_

#### 4. Waxing

Does your premise perform any waxing procedures?  Yes  No

If yes, describe the procedure of how wax is applied to clients (ie what type of spatulas are used etc):

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#### 5. Waste Management

Does your business use disposable razor blades and/or other sharps?  Yes  No

Do you have appropriate sharps container that is disposed regularly by an approved waste contractor?  
 Yes  No

Are all blood soiled or contaminated wastes wrapped prior to disposal?  Yes  No

#### 6. Injury Management

Does your business have an appropriate first aid kit?  Yes  No

Describe your procedure if a staff or customer blood exposure incident occurs \_\_\_\_\_

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Are injury's required to be reported to a manager or supervisor and recorded?  Yes  No

#### 7. Premise, fittings and structure

Are all furnishings constructed of material that is smooth, impermeable and easily cleanable?  Yes  No

Is smoking prohibited in the premise?  Yes  No

Name of Person Completing this Form: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please return completed form via: Email: [City@salisbury.sa.gov.au](mailto:City@salisbury.sa.gov.au)**

Or

**Post:** City of Salisbury, PO Box 8 Salisbury      **Fax:** 088281566

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#### For Further information

For further information or to download a copy of the Guidelines please go to our web site:

[www.salisbury.sa.gov.au/hairandbeautyservices](http://www.salisbury.sa.gov.au/hairandbeautyservices)

Or

Contact an Environmental Health Officer on 84068222