

Salon hygiene and sanitation checklist

CHECKLIST TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Business _____ Location _____ Date _____

Daily hygiene Every day, and between every client

TASK	TIME	INITIALS
Hands and gloves		
☐ Wash or sanitize your hands before and after every client		
☐ Wear gloves for chemical services, waxing and any service that may draw blood		
☐ Change gloves and wash your hands between clients		
Between every client		
☐ Replace the towel, cape or gown, and the neck strip		
☐ Clean and disinfect every tool used, then store it in a closed container Remove hair and product, wash with detergent, then disinfect for the full contact time.		
☐ Throw away single-use items, such as files, buffers, spatulas and toe separators		
☐ Never double-dip wax spatulas or reuse wax		
☐ Wipe the chair, headrest, armrests and work surface		
Disinfectant		
☐ Mix fresh disinfectant at the strength on the label, at least daily Use a disinfectant your local rules approve for salons, and change it sooner if it's cloudy.		
☐ Label each container with what it holds and when it was mixed		
Tools and storage		
☐ Keep clean and used tools apart, in labeled containers		
☐ Put used blades and razors in the sharps container straight away		
☐ Check electrical tools for damaged cords and casings		
Basins and foot spas		
☐ Clean the basins and remove hair from the drains		
☐ Clean and disinfect each foot spa or pedicure bowl after every client Follow the maker's instructions, and flush and disinfect the jets at the end of the day.		
Cuts and blood		
☐ After a cut, stop the service, put on gloves and give first aid		
☐ Disinfect any tool or surface with blood on it, and bin contaminated waste as your rules require		
☐ Record the incident and tell the manager		
The salon		
☐ Store clean towels and linen covered, and used linen in a closed bin		
☐ Clean the toilets and refill the soap and paper towels		
☐ Keep the ventilation on during chemical and nail services		

Completed by _____ Checked by (manager) _____ Date _____ Notes _____