南投縣理髮、美髮、美容業者自主衛生管理紀錄表

| 填表說明: 一、每日應檢查1次並填寫紀錄表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----|----|-----|--------------|-----|-----|----|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|----|----|--|
| 一、母日應檢查1次亚填寫紀錄表 二、檢查結果符合規定填"V";不名 | 夺合剂 | 見定 | 填"冫 | × " 並 | 达立民 | 印改. | 善。 | | | | | | | | | | | | | | | | | | | | | | 年 | 年 月 | | | |
| 規定內容 | 日期 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 1. 四周環境整潔 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 設置有蓋垃圾桶 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. 廁所衛生 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. 急救箱完備且無逾期(優碘、ok 繃、酒精棉片、食鹽水、棉棒、紗 布、繃帶、紙膠) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. 飲用水符合規範 (每季檢查1次) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. 病媒防除紀錄 (每月施作1次) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. 中央空調冷卻水塔 (每半年清消1次) | 檢 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. 從業人員每年健康檢查紀錄 (含胸部X光) | 查結果 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. 衛生管理員(備有證書) | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.接觸皮膚用具清潔並經有效消毒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. 毛巾、圍巾消毒及清潔 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. 使用合法化粧品 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. 未涉及侵入性治療、醫療行為 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. 使用一次性即丟棄之刀片 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. 護膚、修面、臉部化粧時,專業人員戴口罩 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. 美容業者定型化契約 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 檢查人員簽名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |