Unit 830 – Monitor and Maintain Spa Areas	
Unit Accreditation Number: D/601/4212	
Learning Outcome	**Assessment Criteria**
1. Be able to prepare and monitor the Spa area	1.1 Prepare Spa area and equipment
	1.2 Carry out relevant tests on equipment and record results according to organisational requirements and manufacturers' instructions
	1.3 Monitor the Spa environment and equipment according to organisational requirements and manufacturers' instructions.
	1.4 Monitor client safety and well being
	1.5 Describe salon requirements for preparing Spa equipment and treatment area
	1.6 Describe environmental conditions suitable for the Spa treatment area
	1.7 Explain the importance of carrying out detailed relevant tests according to organisational requirements and manufacturers' instructions
	1.8 Explain the importance of monitoring the Spa environment and equipment according to organisational requirements and manufacturers' instructions
	1.9 Explain the importance of monitoring clients safety and well being in the Spa area
2. Be able to maintain the Spa area	2.1 Communicate and behave in a professional manner
	2.2 Follow health and safety working practices
	2.3 Use products, tools, equipment according to organisational requirements and manufacturers' instructions
	2.4 Evaluate and record the results of the Spa equipment tests
	2.5 Explain how to communicate and behave in a professional manner
	2.6 Describe health and safety working practices
	2.7 Explain the importance of using products, tools, equipment according to organisational requirements and manufacturers' instructions
	2.8 Describe the effects and benefits of regular Spa equipment maintenance
	2.9 Explain the importance of completing Spa equipment tests and keeping relevant records
	2.10 Describe the methods of evaluating the effectiveness of the Spa equipment tests
	2.11 Explain why the Spa area should be maintained following a Spa session
	A minimum of 3 practical performances
Assessment method:	Portfolio of Evidence: ☐ Assignment: ☐ MCQ: ☐ Date:................... Date................................ Date ....

Unit complete:
Lecturer/Assessors: Name...Signature .... Date..............................

Quality Assured by: Name...................................... Signature .... Date sampled....................

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