
Assessment Form

iUCO78 – Follow health and safety practice in the salon

Name of Learner: _____

This assessment sheet must be completed in full for each learner by the Internal Assessor

- **Conducting the assessment** – The evaluation should be based on the criteria detailed below. The assessor should base their evaluation entirely on the learner's performance during the assessment exercise; they should remain objective and should not coach or distract the learner during the assessment. Please indicate with a ✓ criteria that are completed successfully, indicating with an × criteria that have not been completed successfully.
- **Once all boxes have been ticked the assessor must place a ✓ in the pass box indicating that the task is complete.**

Criteria	Assessor's comments				
	Completed	Completed	Completed	Completed	
Conduct themselves in the workplace to meet with health and safety practices and salon policy					
Deal with hazards within their own area of responsibility following salon policy					
Maintain a level of personal presentation, hygiene and conduct to meet with legal and salon requirements					
Follow salon policy for security					
Make sure tools, equipment, materials and work areas meet hygiene requirements					
Use required Personal Protective Equipment (PPE)					
Position themselves and the client safely					
Handle, use and store products, materials, tools and equipment safely to meet with manufacturers' instructions					
Dispose of all types of salon waste safely and to meet with legal and salon requirements					
Follow emergency procedures					
Follow accident reporting procedures which meet with salon policy					
Locate firefighting equipment					
MCQ Exam Completed					Pass/Merit/Distinction

Learner name: _____

Learner signature: _____ **Date:** _____

Lecturer/Assessor name: _____

Lecturer/Assessor signature: _____ **Date:** _____

Internal Quality Assurer name: _____

Internal Quality Assurer signature: _____ **Date:** _____

External Quality Assurer name: _____

External Quality Assurer signature: _____ **Date:** _____
(if sampled)

Document History

Version	Issue Date	Changes	Role
v1	03/03/2025	First published	Development Administrator