Colour Professional Safety

Salon Copy		Client Copy
Date of colour consultation:	I I	Date of colour consultation
I, Mr/Mrs/Ms (fill in client's name)		I, Mr/Mrs/Ms (fill in client's
Confirm that Mr/Mrs/Ms (fill in hairdresser's name)		Confirm that Mr/Mrs/Ms (fill in hairdresser's name)
Of (fill in salon name)		Of (fill in salon name)
Branch (fill in salon branch)		Branch (fill in salon branch
Conducted the Professional safety colour consultation and that I		Conducted the Profession
Answered 'NO' to all 9 questions, and can therefore receive an application of colour immediately.		Answered 'NO' to all application of colour
Answered 'YES' to one of the questions 1 to 4 and cannot receive a colour application today.		Answered 'YES' to or colour application to
Answered 'YES' to one or more of the questions 5 to 9 and should therefore, have an Allergy Alert Test as described in Step 2 and wait 48 hours before a colour application (pending no reaction as a result of the Allergy Alert Test).		Answered 'YES' to or therefore, have an Al 48 hours before a co of the Allergy Alert Te
Client's Signature		Client's Signature
Hairdresser's Signature		Hairdresser's Signature

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Client's Signature		
Hairdresser's Signature		

