

Colour Professional Safety

Salon Copy

Date of colour consultation:

I, Mr/Mrs/Ms (fill in client's name)

Confirm that Mr/Mrs/Ms
(fill in hairdresser's name)

Of (fill in salon name)

Branch (fill in salon branch)

Conducted the Professional safety colour consultation and that I

☐

Answered 'NO' to all 9 questions, and can therefore receive an application of colour immediately.

☐

Answered 'YES' to one of the questions 1 to 4 and cannot receive a colour application today.

☐

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).

Client's Signature

Hairdresser's Signature

Client Copy

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(fill in hairdresser's name)

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Client's Signature

Hairdresser's Signature