

**Standard Operating Procedures for Cosmetology and Barber Service**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Person-in-charge/Owner: \_\_\_\_\_

Name of Procedure: \_\_\_\_\_

**Outlined Steps of Cosmetology/Barber Procedure:**

1. Pre-Cosmetology/Barber Service and Receiving:

2. Start of Cosmetology/Barber Service:

3. Completion of Cosmetology/Barber Service:

Responsible Person: \_\_\_\_\_ Role in Establishment: \_\_\_\_\_

**Certification Statement**

A manager or owner of the barber, cosmetology, and personal grooming establishment shall certify this Standard Operating Procedures for Cosmetology and Barber Procedure/Services as true and correct.

***I hereby certify that I am familiar with the information contained in this plan, and that the information is, to the best of my knowledge, true, and complete, and accurate on the date that I sign, and that I am fully authorized to make the certification on behalf of this facility.***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_