

**PROFESSIONAL SAFETY
CARD**

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CARD**

M A T R I X
IMAGINE ALL YOU CAN BE

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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 _____

COLOUR PROFESSIONAL SAFETY

CLIENT COPY

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

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Client's Signature _____

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