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| Reference No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**SELF-ASSESSMENT GUIDE**

|  |   |           |             |
|--|---|-----------|-------------|
| Qualification  | <b>BEAUTY CARE (SKIN CARE) SERVICES NC II</b> |           |             |
| Certificate of Competency (COC 3)  | <b>Perform Body Scrub</b>                     |           |             |
| <b>Instruction:</b>  |   |           |             |
| <ul style="list-style-type: none"> <li>Read each question and check the appropriate column to indicate your answer.</li> </ul>   |   |           |             |
| <b>Can I?</b>  | <b>YES</b>                                    | <b>NO</b> |             |
| <ul style="list-style-type: none"> <li>Assess client’s medical history, skin types and skin condition following standard/industry procedures *</li> </ul>  |   |           |             |
| <ul style="list-style-type: none"> <li>Advise client based on the result of evaluation *</li> </ul>  |   |           |             |
| <ul style="list-style-type: none"> <li>Prepare client for body scrub treatment</li> </ul>  |   |           |             |
| <ul style="list-style-type: none"> <li>Prepare and check tools and equipment to be used for body scrub treatment in accordance to manufacturer’s manual and/or clinic spa’s policies and procedures</li> </ul>             |   |           |             |
| <ul style="list-style-type: none"> <li>Prepare and check supplies, materials and scrubbing product ingredients to be used in accordance with product specification and FDA notification</li> </ul>                         |   |           |             |
| <ul style="list-style-type: none"> <li>Prepare and secure work station for body scrub activity</li> </ul>  |   |           |             |
| <ul style="list-style-type: none"> <li>Use scrubbing product ingredients in accordance with product specification and FDA notification</li> </ul>  |   |           |             |
| <ul style="list-style-type: none"> <li>Perform body scrub in accordance with established body scrub procedures and/or DOH, OSH policies or guidelines *</li> </ul>   |   |           |             |
| <ul style="list-style-type: none"> <li>Check for desired result in accordance to standard outcome</li> </ul>   |   |           |             |
| <ul style="list-style-type: none"> <li>Refer or perform appropriate first-aid treatment, if necessary</li> </ul>   |   |           |             |
| <ul style="list-style-type: none"> <li>Advise client on appropriate aftercare regimen, follow-up schedules and possible post procedure reactions</li> </ul>  |   |           |             |
| <ul style="list-style-type: none"> <li>Fill up or update client’s records or forms</li> </ul>  |   |           |             |
| <ul style="list-style-type: none"> <li>Clean and sanitize work station, used tools, materials and equipment</li> </ul>   |   |           |             |
| <ul style="list-style-type: none"> <li>Practice proper wastes disposal according to environmental standards.</li> </ul>  |   |           |             |
| I agree to undertake assessment with the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor. |   |           |             |
| <b>Candidate’s Name and Signature</b>  |   |           | <b>Date</b> |