



MONITORING TOOL - Beauty Nail Care NC II EQUIPMENT

Name of Tool / Equipment /Learner's Material	In the space provided below, marked with a ✓ if the equipment and / or learner's material has been received and mark with × if it was not.	In the space provided below, write the number of the equipment and / or learner's material that has been received	Of the total number received, how many are... (marked with a ✓ in the choices you made. You can have more than one choice)						Do you need training on the use of the equipment / learners' material	Source of Funds (ex. DepEd CO, RO, SDO, School MOOE, LGU or Others (please specify))
			in good working condition?	in need of repair?	broken?	unserviceable?	lost?	others, specify in the space provided below		
1 Callous Remover		Units								
2 Chairs		Units								
3 Cuticle Nail Pusher		Units								
4 Cuticle Nipper		Units								
5 Cuticle Scissor		Units								
6 Finger or Manicure Bowl		Units								
7 Foot file		Units								
8 Foot Massager Gadgets		Units								
9 Foot Nail Cutter		Units								
10 Foot Spa Basin, Rectangle (Plastic)		Units								
11 Foot Spa Brush for Mixing		Units								
12 Foot spa machine		Units								
13 Foot Spa Stool		Units								
14 Foot Spa Tray with Handle		Units								
15 Hand Nail Cutter		Units								
16 Hand Spa Machine		Units								
17 Hand Towel Warmer		Units								
18 Manicure Nail Brush		Units								
19 Manicure Table		Units								
20 Manicure Tray		Units								
21 Manicurists' chair/ stool		Units								
22 Mixing Bowl		Units								
23 Mop		Units								
24 Nail Buffer		Units								
25 Nail File		Units								
26 Orange Wood Stick		Units								
27 Pail / bucket		Units								

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			in good working condition?	in need of repair?	broken?	unservicable?	lost?	others, specify in the space provided below		
28 Pedicure Nail Brush		Units								
29 Plastic Basin (Small)		Units								
30 Plastic Container for Cotton		Units								
31 Pumice Stone		Units								
32 Sterilizer		Units								
33 Supply Tray		Units								
34 Timer		Units								
35 Trolleys		Units								

REGION: _____
 DIVISION: _____
 SCHOOL: _____
 SCHOOL ID: _____

Prepared by:

 SIGNATURE OVER PRINTED NAME
 Teacher