



Esthetician

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Practice Questions

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1. Which process reduces the number of pathogens on a surface to a safe level but does NOT kill all microorganisms?

- A. Sanitation
- B. Fumigation
- C. Sterilization
- D. Disinfection

2. An esthetician finishes a facial and places reusable metal implements in a covered container of EPA-registered disinfectant. What is the MINIMUM contact time required for most hospital-grade disinfectants to be effective?

- A. 10 minutes
- B. 30 seconds
- C. 2 minutes
- D. 30 minutes

3. Which of the following is classified as an Other Potentially Infectious Material (OPIM) under OSHA's Bloodborne Pathogens Standard?

- A. Intact dry skin
- B. Sweat
- C. Cerebrospinal fluid
- D. Tears

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4. A client accidentally nicks themselves during a treatment and blood is visible on the treatment table. Which approach does Standard Precautions require?

- A. Treat the exposure only if the client confirms they have a known bloodborne disease
- B. Use gloves only when blood volume exceeds a visible pool
- C. Treat ALL blood and body fluids as if infectious, regardless of the client's health status
- D. Standard Precautions apply only to healthcare settings, not esthetics



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5. Which of the following implements MUST be discarded after a single use on one client?

- A. Glass eyedropper
- B. Wooden cuticle pusher
- C. Metal comedone extractor
- D. Stainless-steel tweezers

6. Before immersing implements in an EPA-registered disinfectant, the esthetician must first:

- A. Dry implements completely with a lint-free cloth
- B. Thoroughly clean implements to remove all visible debris
- C. Rinse implements in alcohol to remove oils
- D. Soak implements in hot water only

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7. An esthetician needs to look up the safe handling, storage, and first-aid procedures for a chemical peeling agent. Which document provides this information?

- A. The product's retail brochure
- B. The EPA registration label only
- C. The Safety Data Sheet (SDS)
- D. The state board cosmetology statute

8. Which level of decontamination is required to render surgical instruments completely free of ALL microbial life, including bacterial spores?

- A. Antisepsis
- B. Sterilization
- C. Disinfection
- D. Sanitation

9. Which type of EPA-registered disinfectant is considered the most appropriate for general salon/spa use and is effective against HIV and HBV?

- A. Low-level disinfectants effective only against vegetative bacteria
- B. Sterilant-level chemicals requiring OSHA-certified autoclave
- C. Household bleach at full, undiluted concentration
- D. Hospital-level (intermediate-level) disinfectants effective against mycobacteria



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10. During a waxing service, the esthetician breaks skin on a client. What is the FIRST action the esthetician should take?

- A. Apply more wax to seal the wound
- B. Stop the service, put on gloves, and follow exposure-control procedures
- C. Continue the service while wearing gloves
- D. Ask the client to self-apply pressure while finishing the remaining areas

11. An SDS lists Section 8 as 'Exposure Controls / Personal Protective Equipment.' According to OSHA's GHS-aligned format, which section would describe first-aid measures if a chemical splashes into the eyes?

- A. Section 9
- B. Section 6
- C. Section 14
- D. Section 4

12. A freshly prepared 1:10 bleach solution (sodium hypochlorite) is used to disinfect a treatment table after a bloodborne pathogen exposure. For this solution to remain effective, it should be:

- A. Prepared fresh daily and stored in a covered, opaque container away from light
- B. Mixed with a quaternary ammonium compound to enhance efficacy
- C. Stored in a clear glass jar under bright light for up to one week
- D. Diluted further with warm water to reduce the risk of skin irritation during contact

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13. Under OSHA's Bloodborne Pathogens Standard, an esthetician who sustains a needlestick injury during a facial electrolysis procedure must have access to post-exposure evaluation and follow-up. Which of the following correctly describes the employer's obligation?

- A. Post-exposure follow-up is voluntary; only the employee's personal physician is required to be notified
- B. The employer must offer post-exposure evaluation only if the client tests positive for HIV
- C. The employer must replace the employee's PPE but has no further obligation unless a positive diagnosis is confirmed within 30 days
- D. The employer must make immediate post-exposure evaluation available to the employee at no cost, document the exposure, and provide follow-up regardless of the source client's known status

14. A client with a known latex allergy is scheduled for a full-body treatment. Which combination of measures BEST reflects both Standard Precautions and treatment-room safety for this client?

- A. Use standard powdered latex gloves but apply a barrier cream to the client's skin first
- B. Use powder-free nitrile gloves, remove all latex products from the room before the appointment, and alert all staff involved in the service
- C. Reschedule the client for a latex-free facility; Standard Precautions do not apply to allergic reactions
- D. Use vinyl gloves only during procedures that break skin; latex is acceptable for non-invasive massage steps

15. Which layer of the epidermis is the outermost, composed of dead, flattened cells that are continuously shed?

- A. Stratum granulosum
- B. Stratum corneum
- C. Stratum basale
- D. Stratum spinosum

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16. The deepest layer of the epidermis, where new skin cells are produced through mitosis, is called the:

- A. Stratum lucidum
- B. Stratum granulosum
- C. Stratum spinosum
- D. Stratum basale



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17. A client with Fitzpatrick Skin Type I is best described as someone who:

- A. Always burns, never tans, and has very fair skin
- B. Has brown skin and rarely burns
- C. Sometimes burns but develops a light tan
- D. Tans easily and rarely burns

18. Which skin function involves the process of perspiration helping to regulate internal body temperature?

- A. Thermoregulation
- B. Sensation
- C. Secretion
- D. Absorption

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19. The dermis is divided into two distinct layers. Which pair correctly identifies those layers?

- A. Reticular layer and subcutaneous layer
- B. Granular layer and papillary layer
- C. Spinous layer and reticular layer
- D. Papillary layer and reticular layer

20. A client presents with Grade II acne. Which description best matches this classification?

- A. Comedones only, no inflammatory lesions
- B. Skin is clear with no visible lesions
- C. Severe nodular or cystic lesions with risk of scarring
- D. Comedones with papules and pustules, mild to moderate inflammation

21. Melanocytes, the cells responsible for producing the pigment melanin, are located primarily in which layer of the epidermis?

- A. Stratum corneum
- B. Stratum lucidum
- C. Stratum basale
- D. Stratum granulosum



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22. Which type of lesion is a closed comedo formed when a hair follicle becomes plugged with sebum and dead cells but the follicle opening remains closed to the surface?

- A. Closed comedo (whitehead)
- B. Open comedo (blackhead)
- C. Milia
- D. Papule

23. A client mentions she has rosacea with visible papules and pustules. According to standard esthetics curriculum, which action is MOST appropriate?

- A. Apply high-frequency current directly to the affected area
- B. Perform a standard deep-cleansing facial with steam
- C. Perform chemical exfoliation with a high-percentage AHA
- D. Refer the client to a physician for medical management before treatment

24. Intrinsic aging of the skin is primarily caused by:

- A. Repeated facial muscle contractions over decades
- B. Chronic ultraviolet radiation exposure
- C. Environmental pollutants and smoking
- D. Natural, time-dependent biological processes including decreased collagen synthesis

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25. Solar elastosis, a hallmark of photoaged skin, results from chronic UV exposure causing:

- A. Thinning of the stratum corneum due to accelerated desquamation
- B. Increased melanocyte activity limited to the stratum basale
- C. Overproduction of healthy collagen fibers in the reticular dermis
- D. Accumulation of abnormal, thickened elastin material replacing dermal collagen



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26. A client with Fitzpatrick Type IV skin undergoes laser hair removal without proper parameter adjustment. Compared to a Type I client, she is at significantly higher risk for:

- A. Folliculitis and ingrown hairs only
- B. Post-inflammatory hyperpigmentation due to greater melanin in the epidermis absorbing excess energy
- C. Stratum corneum stripping because the laser targets the reticular layer
- D. Immediate sunburn reaction because darker skin refracts UV light

27. The stratum lucidum is a translucent epidermal layer found only in which body locations?

- A. The palms of the hands and soles of the feet, where skin is thickest
- B. Mucous membrane borders such as the lips and eyelids
- C. Flexor surfaces of the elbows and knees
- D. The face and scalp, where sebaceous activity is highest

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28. A client presents with a non-healing lesion on the lower lip that has been present for six weeks, with irregular borders and a pearlescent rolled edge. The esthetician's MOST appropriate professional response is to:

- A. Apply high-frequency treatment to reduce bacterial activity and monitor for two additional weeks
- B. Recommend a keratosis cream and schedule a follow-up in one month
- C. Document the lesion, refrain from treating the area, and advise the client to seek immediate physician evaluation
- D. Perform a gentle chemical peel to remove the abnormal cells and assess healing

29. During a skin analysis consultation, you notice the client has active pustules and inflamed papules across the cheeks. What is the most appropriate action?

- A. Proceed with the facial but avoid the affected areas
- B. Apply a clay mask to absorb excess oil and reduce inflammation
- C. Perform extractions first to clear the congestion before the facial
- D. Decline to perform the facial service and refer the client to a dermatologist



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30. After performing extractions on a client, the esthetician notices a small amount of blood on a used cotton round. Under Bloodborne Pathogens standards, this cotton round is classified as:

- A. General waste that can be placed in a regular trash bin
- B. Potentially infectious waste (OPIM) that must be disposed of in a biohazard-labeled container
- C. Recyclable material once it has dried completely
- D. Contaminated laundry that must be laundered before disposal



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Answer Key & Explanations

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1. A — Sanitation

Sanitation (cleaning) lowers microbial counts to safe public-health levels but does not eliminate all pathogens; disinfection destroys most pathogens, and sterilization destroys all microbial life including spores.

2. A — 10 minutes

EPA-registered hospital-level disinfectants used in salons typically require a full 10-minute immersion contact time to achieve the stated kill claim, as specified on the product label.

3. C — Cerebrospinal fluid

OSHA's Bloodborne Pathogens Standard lists cerebrospinal fluid as an OPIM because it can carry HIV and HBV, while sweat, tears, and intact skin are not considered infectious under the standard.

4. C — Treat ALL blood and body fluids as if infectious, regardless of the client's health status

Standard Precautions (formerly Universal Precautions) require treating every client's blood and body fluids as potentially infectious, regardless of known disease status, to prevent occupational exposure.

5. B — Wooden cuticle pusher

Porous or absorbent single-use implements such as wooden sticks cannot be adequately disinfected and must be discarded after each client; non-porous metal and glass tools can be disinfected and reused.

6. B — Thoroughly clean implements to remove all visible debris

Disinfectants cannot penetrate organic matter such as blood, skin cells, or product residue; implements must be pre-cleaned to remove all visible debris before disinfection can be effective.

7. C — The Safety Data Sheet (SDS)

OSHA's Hazard Communication Standard requires that a Safety Data Sheet (SDS) accompany every hazardous chemical and detail health hazards, safe handling, PPE requirements, and emergency first-aid procedures.

8. B — Sterilization

Sterilization is the only process that destroys all forms of microbial life including highly resistant bacterial endospores; disinfection destroys most but not necessarily all spore-forming organisms.

9. D — Hospital-level (intermediate-level) disinfectants effective against mycobacteria

The NIC and Milady curriculum specify that hospital-level (intermediate-level) EPA-registered disinfectants, which are effective against *Mycobacterium tuberculosis*, HIV, and HBV, are the standard required in professional esthetics settings.

10. B — Stop the service, put on gloves, and follow exposure-control procedures

When blood or open skin is present, Standard Precautions require the esthetician to immediately don gloves and follow the facility's exposure-control plan before any further contact, to protect both client and practitioner.



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11. D — Section 4

OSHA's GHS-aligned 16-section SDS format places First-Aid Measures in Section 4, which covers what to do in case of eye contact, ingestion, inhalation, or skin contact with the hazardous substance.

12. A — Prepared fresh daily and stored in a covered, opaque container away from light

Sodium hypochlorite degrades rapidly when exposed to light, heat, and air, so a 1:10 bleach solution must be made fresh each day and kept in a covered, opaque container to maintain its disinfecting efficacy.

13. D — The employer must make immediate post-exposure evaluation available to the employee at no cost, document the exposure, and provide follow-up regardless of the source client's known status

OSHA 29 CFR 1910.1030 requires employers to immediately provide post-exposure evaluation and follow-up at no cost to the exposed employee, document the incident in the exposure-control plan, and offer prophylaxis regardless of the source individual's known infection status.

14. B — Use powder-free nitrile gloves, remove all latex products from the room before the appointment, and alert all staff involved in the service

For clients with latex allergy, Standard Precautions and salon safety require eliminating all latex products from the treatment environment and using powder-free nitrile (or vinyl) gloves, because even latex particles in powder can trigger anaphylaxis.

15. B — Stratum corneum

The stratum corneum is the outermost epidermal layer, consisting of dead, keratinized cells (corneocytes) that form the skin's primary barrier and are continuously desquamated.

16. D — Stratum basale

The stratum basale (also called the stratum germinativum) is the deepest epidermal layer and contains mitotically active keratinocytes as well as melanocytes that produce pigment.

17. A — Always burns, never tans, and has very fair skin

Fitzpatrick Type I individuals have very fair skin, light eyes, and light hair; they always burn and never tan, making them the most vulnerable to UV-induced damage.

18. A — Thermoregulation

Thermoregulation is the skin function by which sweat glands produce perspiration that evaporates from the skin surface, dissipating heat and maintaining core body temperature.

19. D — Papillary layer and reticular layer

The dermis consists of the papillary layer (upper, containing capillary loops and Meissner's corpuscles) and the deeper reticular layer (containing dense collagen and elastin fibers).

20. D — Comedones with papules and pustules, mild to moderate inflammation

Grade II acne is characterized by comedones accompanied by papules and pustules indicating mild-to-moderate inflammation, whereas Grade I involves comedones only and Grade IV involves deep cysts.

21. C — Stratum basale

Melanocytes reside in the stratum basale (deepest epidermal layer) and transfer melanin granules to neighboring keratinocytes to provide pigmentation and UV protection.

22. A — Closed comedo (whitehead)

A closed comedo (whitehead) forms when the follicle pore remains closed, trapping sebum and keratin



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beneath the skin surface, in contrast to an open comedo where the plug oxidizes and appears dark.

23. D — Refer the client to a physician for medical management before treatment

Papulopustular rosacea is a condition that requires physician diagnosis and management; performing aggressive treatments without medical clearance can worsen inflammation and cause permanent damage.

24. D — Natural, time-dependent biological processes including decreased collagen synthesis

Intrinsic (chronological) aging results from internal biological factors such as slowed cell turnover and reduced collagen and elastin production, independent of external environmental exposures.

25. D — Accumulation of abnormal, thickened elastin material replacing dermal collagen

Solar elastosis is the accumulation of dysfunctional, cross-linked elastin in the dermis triggered by UV-induced degradation of collagen, giving photoaged skin a yellowed, leathery appearance.

26. B — Post-inflammatory hyperpigmentation due to greater melanin in the epidermis absorbing excess energy

Fitzpatrick Type IV skin contains more epidermal melanin, which competes with follicular melanin for laser energy, increasing the risk of post-inflammatory hyperpigmentation if settings are not lowered accordingly.

27. A — The palms of the hands and soles of the feet, where skin is thickest

The stratum lucidum is a clear, thin layer present only in thick, glabrous skin of the palms and soles, where the additional layer provides extra mechanical protection.

28. C — Document the lesion, refrain from treating the area, and advise the client to seek immediate physician evaluation

A non-healing lesion with rolled pearly borders lasting more than six weeks is a classic clinical presentation of basal cell carcinoma; estheticians are not licensed to diagnose or treat suspected malignancies and must refer the client to a physician immediately.

29. D — Decline to perform the facial service and refer the client to a dermatologist

Active acne vulgaris with inflamed lesions (pustules and papules) is a contraindication for a full facial; the esthetician must decline the service and refer the client to a licensed physician or dermatologist, as treatment of medical skin conditions is outside esthetician scope of practice.

30. B — Potentially infectious waste (OPIM) that must be disposed of in a biohazard-labeled container

Any item visibly contaminated with blood is classified as Other Potentially Infectious Material (OPIM) under OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) and must be disposed of in a properly labeled biohazard container, not general waste.



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