

Inspection Report

South Dakota Cosmetology Commission
500 E Capitol Ave Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

A.
SALON OR BOOTH NAME: _____
ADDRESS: _____ CITY: _____
OWNER NAME: _____ TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: _____ EXPIRATION DATE: _____

B. TYPE OF SALON:	1. Salon	Booth Rental	Home	Limited	
TYPE OF INSPECTION:	2. Cosmetology (all)	Hair	Esthetics	Nails	Other _____
	3. New	Routine	Re-Inspection	Investigation	

C. During all working hours. YES is satisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42

- YES NO 1. **Current licenses;** Rules/Regulations, Unregulated Services Sign – Displayed _____
YES NO 2. **Certified** for microdermabrasion and/or electric nail files and/or other _____
YES NO 3. **Fire Extinguisher,** ABC type, 5 lbs., easily accessible, charged _____
YES NO 4. **First aid kit** that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures _____
YES NO 5. **Disinfecting agent(s) available at station** _____
YES NO 6. **Disinfecting agent** meets virucidal, fungicidal, and bactericidal requirements _____
YES NO 7. **Wet Disinfection** containers available (large enough) _____
YES NO 8. **Wet Disinfection** (if mixed) fresh, clean and free from contaminants _____
YES NO 9. **Dry Sanitizers** - clean closed containers - only store cleaned or disinfected tools _____
YES NO 10. **Closed, labeled containers** for soiled towels, linens, tools _____
YES NO 11. **Pedicure station** and tools clean and disinfected after each use _____

YES NO 12. Floors clean (no hair or nail clippings) and in good repair _____
YES NO 13. Walls, ceilings, fixtures, vents clean and in good repair _____
YES NO 14. Plumbing, hot/cold running water and central sewage system _____
YES NO 15. Electrical, appliance cords and outlets safe and in good repair _____
YES NO 16. Ventilation in work area _____
YES NO 17. Restroom, clean with disposable towels, liquid soap _____
YES NO 18. Storage room or cabinet for harmful supplies _____

YES NO 19. Hair work stations clean and sanitary _____
YES NO 20. Nail work stations clean and sanitary _____
YES NO 21. Esthetics work stations clean and sanitary _____
YES NO 22. Waste Containers emptied at least daily _____
YES NO 23. Sinks clean and sanitary, no hair or soap scum _____
YES NO 24. Hand sanitizer or hand-washing facilities available for use _____

YES NO 25. Hair tools new and/or clean and disinfected _____
YES NO 26. Nail tools new and/or clean and disinfected _____
YES NO 27. Esthetics tools new and/or clean and disinfected _____
YES NO 28. All single-use items disposed after each use _____
YES NO 29. All products are clean, closed, and labeled correctly, includes wax _____
YES NO 30. Dispersal tools or equipment is used for products _____
YES NO 31. Electrical equipment clean and disinfected (electric clippers, electric files or curling irons) _____
YES NO 32. Attachments for electrical equipment clean and disinfected _____

YES NO 33. Private Residences – separate exit – separate from residential area _____
YES NO 34. Other laws and/or rules that apply (list) _____

D. List of Personal Licensees (first & last)

_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____

Use additional sheet if more space is needed.

E. Comments:

F.
Date: _____ Time: _____
Signature: _____ Inspector signature _____
Licensee reviewed inspection report with Inspector YES NO (if “no” why not) _____
RECHECK _____ **FAIL** _____ **PASS** _____