Inspection Report

A.
SALON OR BOOTH NAME: _Alison Garman Books_

ADDRESS: _1712 S Main_   CITY: _Sioux Falls_

OWNER NAME: _Alison Garman_   TELEPHONE NUMBER: _323-2853_

SALON or BOOTH LICENSE NUMBER: _CB-09104-21_   EXPIRATION DATE: _1-14-21_

B. TYPE OF SALON:

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

C. List of Personal Licensees (first & last)

Name	Lic #	Expires
Alison Garman	_13394-21_	
	_CO - ~~09104~~-21_	_9-17-21_

Use additional sheet if more space is needed.

D. 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) _Current license_
(YES) NO 2. **Fire Extinguisher**, ABC type, 5 lbs., easily accessible, charged _____
(YES) NO 3. **First aid kit** that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures _____
YES ~~NO~~ 4. **Certified** for microdermabrasion and/or electric nail files and/or eyelash extensions _____
(YES) NO 5. **Disinfectant** available at each work station and includes manufacturer label _____
(YES) NO 6. **Disinfectant** meets virucidal, fungicidal, and bactericidal requirements _____
(YES) NO 7. **Disinfectant container** labeled, closed and large enough to completely immerse all implements _____
YES ~~NO~~ 8. **Disinfectant** (if mixed) fresh, clean and free from contaminants _____
YES ~~NO~~ 9. **Pedicure spa** and tools clean and disinfected immediately after each use _____

(YES) NO 10. Floors, walls, ceilings, fixtures, vents clean and in good repair _____
(YES) NO 11. Plumbing, hot/cold running water and central sewage system _____
(YES) NO 12. Electrical, appliance cords and outlets safe and in good repair _____
(YES) NO 13. Ventilation in work area _____
(YES) NO 14. Restroom, clean with disposable towels, liquid soap _____
(YES) NO 15. Storage cabinet or room for harmful supplies _____

YES (NO) 16. Hair work stations immediately clean and disinfected after each use _Alot of hair - doesn't do_
~~YES~~ ~~NO~~ 17. Nail work stations immediately clean and disinfected after each use _any good to sanitize_
~~YES~~ ~~NO~~ 18. Esthetics work stations immediately clean and disinfected after each use _shears & put them_
YES (NO) 19. Waste containers closed, labeled and emptied when full or at least daily _back in drawer._
(YES) NO 20. Sinks clean and disinfected immediately after each use, no hair or soap scum _- backbar_
(YES) NO 21. Hand sanitizer or hand-washing facilities available for use _____
YES (NO) 22. Clean closed labeled containers to store only cleaned and disinfected implements and tools _____
YES (NO) 23. Clean closed labeled containers to store only clean towels _____
YES (NO) 24. Closed, labeled containers for soiled towels, linens, implements _____

YES (NO) 25. Hair tools new and/or clean and disinfected _hair brushes / wash shears_
~~YES~~ ~~NO~~ 26. Wigs covering used to prevent direct contact of client's scalp or hair _____
~~YES~~ NO 27. Clean cape used on each client or clean towel or neck strip if reusing a cape _label_
~~YES~~ ~~NO~~ 28. Nail tools new and/or clean and disinfected _____
(YES) NO 29. Esthetics tools new and/or clean and disinfected _____
(YES) NO 30. All single-use items immediately disposed in trash after each use _____
(YES) NO 31. All products are clean, closed, and labeled correctly, includes wax _____
(YES) NO 32. Fluids, semifluids, creams and powders kept in clean, closed, labeled containers _____
(YES) NO 33. Items listed in 30. dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item _____
(YES) NO 34. Equipment for waxing hair removal services kept clean and disinfected _____
(YES) NO 35. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons) _____
(YES) NO 36. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container _____

~~YES~~ ~~NO~~ 37. Home Salons – separate exit – separate from residential area _____
~~YES~~ ~~NO~~ 38. Other laws and/or rules that apply (list) _____

E. Comments: _If we are using barbicide correctly it shouldn't be way in back of cupboard - very hard to find. - barbicide can_

F.
Date: _12-15-20_   Time _3:15_

Signature: _not present_   Inspector signature _Mary Rasmussen_

Licensee reviewed inspection report with Inspector   YES   NO (if "no" why not) _____

RECHECK _____   (FAIL) _yellow - 12-22-20_   PASS _____

JAN 0 6 2021