

Yellow Street

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

A. SALON OR BOOTH NAME: Amanda McSherson Body
 ADDRESS: 540 S. Marfield St C CITY: Merri
 OWNER NAME: Amanda McSherson TELEPHONE NUMBER: _____
 SALON or BOOTH LICENSE NUMBER: 03-05216-2022 EXPIRATION DATE: 2/1/2022

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	

[illegible]

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 _____

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 Chair not working

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 _____

YES NO 17. Nail work stations immediately clean and disinfected after each use _____

YES NO 18. Esthetics work stations immediately clean and disinfected after each use _____

YES NO 19. Waste containers closed, labeled and emptied when full or at least daily _____

YES NO 20. Sinks clean and disinfected immediately after each use, no hair or soap scum _____

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 need labeling

YES NO 23. Clean closed labeled containers to store only clean towels of color

YES NO 24. Closed, labeled containers for soiled towels, linens, implements _____

YES NO 25. Hair tools new and/or clean and disinfected Shears need cleaning

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 _____

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 files are one time use only

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 please don't leave nail attachments on files

YES NO 37. Home Salons – separate exit – separate from residential area _____

YES NO 38. Other laws and/or rules that apply (list) _____

E. Comments: please label nail table & pedicure tools too.

F. _____
 Date: 11/1/2021 Time: 3:50pm
 Signature: _____ Inspector signature: Nancy Carter
 Licensee reviewed inspection report with Inspector: YES NO (if "no" why not) _____
 RECHECK FAIL Shirley PASS