OWNER NAME: SALON OR BOOTH LICENSE NUMBER: B. TYPE OF SALON: 1. Splann TYPE OF INSPECTION: 1. Splann TYPE OF INSPECTION: 1. Splann Lic # Betheics New South Booth B		11106010	Street
ADDRESS: ADDRES	Inspect	ion Report	500 E Capitol Ave Pierre, SD 57501
OWNER NAME	A. SALON OR BOOTH NAME	amarda ma	Sheson Books
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Lic # Expires: Lic #		2. Cosmetology (all) Hair	Esthetics Nails Other
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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 and kit that contains agriffestive dressing, gloves, gaitseptic, gauze, tape, blood spill procedures YES NO 4. Certified for reproseffmators work station and regulated services spill, gloves, gaitseptic, gauze, tape, blood spill procedures YES NO 5. Disinfectant analysis of the station and station and station and station of the stati		Lic #	Expires:
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YES NO 37. Home Salons – separate exit – separate from residential area YES NO 38. Other laws and/or rules that apply (list) E. Comments: Date: Inspector signature Licensee reviewed inspection report with Inspector—YES NO (if "no" why not)	YES NO 35. Electrical equipment	axing nair removal services kept clean rent clean and disinfected after each s	ervice (electric clippers, electric files or curling irons)
F. Signature: Licensee reviewed inspection report with Inspector YES NO 38. Other laws and/or rules that apply (list) Date: Inspector signature NO (if "no" why not)	YES NO 36. Attachments for	electrical equipment clean and disinfed	cted and stored in a clean, closed labeled container
F. Signature: Licensee reviewed inspection report with Inspector VES Date: Inspector signature NO (if no" why not)	YES NO 37. Home Salons – s YES NO 38. Other laws and/o	separate exit – separate from residenti or rules that apply (list)	al area
Signature: Licensee reviewed inspection report with Inspector VES Date: Inspector signature NO (if 'no" why not)	E. Comments: Labl	Inail Icelble & p	edicure tools too.
Licensee reviewed inspection report with Inspector VES NO (if "no" why not)	F.	Date:	11 1, 2021 Time 35:50
Licensee reviewed inspection report with Inspector VES NO (if "no" why not)	Signature:	Insper	etor signature W W TO Sal
RECHECK (FAIL PASS	Licensee reviewed inspection	report with Inspector YES NO	(if no" why not)
	RECHECK	(FAIL_U)	PASS