

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: Bella Spa Salon

ADDRESS: 4001 W 41st CITY: Sioux Falls

OWNER NAME: Farzona Komilova TELEPHONE NUMBER: 361-3717

SALON or BOOTH LICENSE NUMBER: ES-08291-19 EXPIRATION DATE: 11-25-19

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 eyelash extensions _____
- ☒ 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. Disinfectant container available (large enough) _____
- ☒ YES ☐ NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants _____
- ☒ YES ☐ NO 9. Clean closed containers - to store only 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 disinfected _____
- ☒ YES ☐ NO 20. Nail work stations clean and disinfected _____
- ☒ YES ☐ NO 21. Esthetics work stations clean and disinfected _____
- ☒ YES ☐ NO 22. Waste Containers emptied at least daily _____
- ☒ YES ☐ NO 23. Sinks clean and disinfected, 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 Spalula left in pot.
- ☒ 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)

Farzona Komilova

Lic #

EO-13159-00

Expires:

2-20-20

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:

Sapa napatthak - was present taking appointments & answering phone.
Owners not present. Turned away 2 clients while I was present
I will be stopping by checking if unlicensed operator is working.

F.

Date: 04-18-19

Time 1:37

Signature: Farzona

Inspector signature Mary Rasmussen

Licensee reviewed inspection report with Inspector ☒ YES

NO (if "no" why not)

RECHECK

FAIL

PASS