

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: Bridget Randall Booth
ADDRESS: 6010 S Mann CITY: Sioux Falls
OWNER NAME: Bridget Randall TELEPHONE NUMBER: 605-809-5227
SALON or BOOTH LICENSE NUMBER: CB-69077-22 EXPIRATION DATE: 11-22-22

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

C. List of Personal Licensees (first & last)

<u>Bridget Randall</u>	Lic #	Expires:
	Lic # <u>CO-13221-21</u>	Expires: <u>5-22-21</u>
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:
	Lic #	Expires:

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 _____

☒ 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 _____
☒ 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 _____
☒ 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 _____
☒ 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:

F.
Date: 4-20-21 Time: 3:20
Signature: Paul Talbot with / Ran out of audit Inspector signature: Mary Rasmussen
Licensee reviewed inspection report with Inspector YES NO (if "no" why not)

RECHECK

FAIL
5/6/21

PASS

APR 26 2021