

# 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: Charlotte Page Booth

ADDRESS: 129 S Main CITY: Watkins

OWNER NAME: Charlotte Page TELEPHONE NUMBER: 323-8212

SALON or BOOTH LICENSE NUMBER: CB-05945-18 EXPIRATION DATE: 2-4-18

## B. TYPE OF SALON:

TYPE OF INSPECTION:

1. Salon ☒ 2. Cosmetology (all) ☒ 3. New ☐ Booth Rental ☒ Hair Routine ☐ Home Esthetics ☒ Re-Inspection ☐ Limited Nails Investigation ☐ Other ☐

## 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 \_\_\_\_\_
- ☒ 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)

<u>Charlotte Page</u>	Lic # <u>CO-08917-17</u>	Expires: <u>11-23-17</u>
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	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:

## F.

Date: 11-21-17 Time 6:25

Signature: not present Inspector signature Mary Rasmussen

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

RECHECK

FAIL

PASS