Inspect	ion Report	500 E Capitol Ave	netology Commission Pierre, SD 57501 metology@state.sd.us
SALON OR BOOTH NAME: Davia Browngen Booth			
	ui o		w Falls
OWNER NAME: Daula	Brewagen	TELEPHONE NUMBER:	
	E NUMBER: <u>CP- 09258-19</u>		
B. TYPE OF SALON: TYPE OF INSPECTION:	1 Salon 2. Cosmetology (all) 3. New Booth Repta Hair Routine		Other
C. During all working hours	YES is satisfactory No.	O is NOT satisfactory SDC	CL 36-15 ARSD 20:42
XES NO 2. Certified for mices NO 3. Fire Extinguish YES NO 4. First aid kit that YES NO 5. Disinfecting ag YES NO 6. Disinfectant co YES NO 8. Disinfectant (if YES NO 9. Clean closed of YES NO 10. Closed, labeled YES NO 12. Floors clean (no YES NO 13. Walls, ceilings, fives NO 14. Plumbing, hot/co YES NO 15. Electrical, applia YES NO 16. Ventilation in wo	ent meets virucidal, fungicidal, and ba ntainer available (large enough) mixed) fresh, clean and free from contontainers - to store only cleaned or discontainers for soiled towels, linens, in and tools clean and disinfected after hair or nail clippings) and in good repaix tures, vents clean and in good repaired running water and central sewage since cords and outlets safe and in good records and outlets safe and in good repaired.	es and/or eyelash extensions, charged antiseptic, gauze, tape, blood spill protericidal requirements aminants has have sinfected tools air has build up a system d repair are repair and repair are repair are repair are repair and repair are repair	i floaking in it ain cover had stuff or round ildges & recel to be
YES NO 19. Hair work station YES NO 20. Nail work station YES NO 21. Esthetics work station YES NO 22. Waste Container YES NO 23. Sinks clean and YES NO 24. Hand sanitizer of YES NO 26. Nail tools new ar YES NO 27. Esthetics tools new ar YES NO 28. All single-use itel YES NO 29. All products are YES NO 30. Dispersal tools of YES NO 31. Electrical equipm	s clean and disinfected	cludes wax paraffin was	et needs to be change
YES NO 33. Private Residence YES NO 34. Other laws and/o	es – separate exit – separate from res r rules that apply (list)	sidential area	
D. List of Personal Licensees			
	Lic #	Exp Exp Exp Exp Exp Exp Exp Exp	ires: ires: ires: ires: ires: ires: ires: ires:
Use additional sheet if more space	is needed.	Ехрі	165
E. Comments:			
F. Signature:	Huwage Inspec	tor signature Mary Ra (if "no" why not)	Time 330
RECHECK		, , , , , , , , , , , , , , , , , , , ,	