

South Dakota Cosmetology Commission
500 E Capitol Ave Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

SALON OR BOOTH NAME: Edge Wood Vista Donna Schoon Booth
 ADDRESS: 540 Falcon Crest Dr CITY: Spokane
 OWNER NAME: Donna Schoon TELEPHONE NUMBER: _____
 SALON or BOOTH LICENSE NUMBER: CR- 04762 EXPIRATION DATE: 9-12-22

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

[illegible]

D. During all working hours.	YES is satisfactory	NO is NOT satisfactory	SDCL 36-15	ARSD 20:42
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YES NO 1. **Current licenses**; Rules/Regulations, Unregistered 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:
no disinfected in the salon at all and nothing label.
~~Wasn't able to inspect because~~ Inspected what was present

Date: 10-11-21 Time 10:20

Signature: _____ Inspector signature 
 Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____

RECHECK FAIL yellow shot PASS