

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: Elite Hair Studio
ADDRESS: 1117 Main St CITY: Webster
OWNER NAME: Abby Olson TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CP-09226-2019 EXPIRATION DATE: 5/26/2019

| | | | | | |
|---------------------|----------------------|--------------|---------------|---------------|-------------|
| B. TYPE OF SALON: | 1. Salon | Booth Rental | Home | Limited | Other _____ |
| TYPE OF INSPECTION: | 2. Cosmetology (all) | Hair | Esthetics | Nails | |
| | 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 floor has sheetrock materials on it _____

YES NO 18. Storage room or cabinet for harmful supplies _____

YES NO 19. Hair work stations clean and disinfected Sheetrock dust on ledges of hair stations _____

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 debris are full to the top. _____

YES NO 23. Sinks clean and disinfected, no hair or soap scum hair in sink _____

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 Attachments need cleaning _____

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)

[illegible]

Use additional sheet if more space is needed.

E. Comments: Products on floor in bags, not in closed cabinets. Just from shut rock all over the place. Not very clean, disinfectant, or safe for designs or client. They have workers coming in

F. *While customers are here.*

Date: 5/12/2019 Time: 1

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

RECHECK _____ FAIL _____ PASS _____

1/2007. Rev. 1/1/2008. Rev 1/1/2013. Rev 7/3/17.

MAR 29 2019
Pass card sent