

Inspection Report

South Dakota Cosmetology Commission
217 W. Missouri Ave. Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

A.

SALON OR BOOTH NAME: Essential Balance Day Spa
ADDRESS: 529 E 1st CITY: Sioux Falls
OWNER NAME: Reynolds, Michael, Caroline, Walden TELEPHONE NUMBER: 605-835-8052
SALON or BOOTH LICENSE NUMBER: ES-11034-23 EXPIRATION DATE: 5-5-23

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)

Licensee Name	Lic #	Expires
<u>Reynolds Michael</u>	<u>ES-10399-23</u>	<u>4-4-23</u>

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

- 1. Current Licenses:** Rules/Regulations, Unregulated Services Sign - Displayed need to display personnel - it is covered
- 2. Fire Extinguisher,** ABC type, 5 lbs., easily accessible, charged it is covered
- 3. First Aid Kit** that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures not certified for - not saved
- 4. Certified for Microdermabrasion and/or Electric Nail Files and/or Eyelash Extensions** not certified for - not saved
- 5. Disinfectant** available at each workstation and includes manufacturer label
- 6. Disinfectant** meets virucidal, fungicidal, and bactericidal requirements
- 7. Disinfectant Container** labeled, closed and large enough to completely immerse all implements
- 8. Disinfectant** (if mixed) fresh, clean, and free from contaminants
- 9. Pedicure Spa** and tools clean and disinfected immediately after each use
- 10. Prohibited Tools (20:42:04:04:03)**
- 11. Floors, walls, ceilings, fixtures, vents** clean and in good repair
- 12. Plumbing, hot/cold running water and central sewage system**
- 13. Electrical, appliance cords and outlets** safe and in good repair water cords on the floor
- 14. Ventilation** in work area
- 15. Restroom, clean with disposable towels, liquid soap**
- 16. Storage cabinet or room for harmful supplies**
- 17. Hair workstations** immediately clean and disinfected after each use
- 18. Nail workstations** immediately clean and disinfected after each use tools left out, not closed
- 19. Esthetics workstations** immediately clean and disinfected after each use
- 20. Waste containers** closed, labeled and emptied when full or at least daily
- 21. Sinks** clean and disinfected immediately after each use, no hair or soap scum
- 22. Hand sanitizer or hand-washing facilities** available for use
- 23. Clean closed labeled containers** to store only cleaned and disinfected implements and tools need to finish labeling
- 24. Clean closed labeled containers** to store only clean towels make sure everything is labeled
- 25. Closed, labeled containers** for soiled towels, linens, implements Restroom soiled
- 26. Hair tools** new and/or clean and disinfected
- 27. Wigs** covering used to prevent direct contact of client's scalp or hair
- 28. Clean cape** used on each client or clean towel or neck strip if reusing a cape
- 29. Nail tools** new and/or clean and disinfected
- 30. Esthetics tools** new and/or clean and disinfected implements out of display
- 31. All single-use items** immediately disposed in trash after each use
- 32. All products** are clean, closed, and labeled correctly, includes wax in home soiled / clean
- 33. Fluids, semifluid's, creams, and powders** kept in clean, closed, labeled containers containers
- 34. Items listed in 30.** dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item
- 35. Equipment for waxing hair removal services** kept clean and disinfected
- 36. Electrical equipment** clean and disinfected after each service (electric clippers, electric files or curling irons)
- 37. Attachments for electrical equipment** clean and disinfected and stored in a clean, closed labeled container separately - soiled
- 38. Home Salons** - separate exit - separate from residential area
- 39. Other laws and/or rules that apply (list)**

E. Comments:

Has paper towels in rest room, also uses hand towels - left in open & not a closed soiled container

F.

Date: 2-2-23 Time: 11:
Signature: Walden Inspector signature: Mary Rasmussen
Licensee reviewed inspection report with Inspector YES NO (if "no" why not)

RECHECK

FAIL Yellow 2-12-23

PASS