

# 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: Hair N Stuff  
ADDRESS: 202 E 1st Ave CITY: Clark  
OWNER NAME: Kerry Kline TELEPHONE NUMBER: \_\_\_\_\_  
SALON or BOOTH LICENSE NUMBER: CS-03189 EXPIRATION DATE: 9-1-17

B. TYPE OF SALON: ☒ Salon ☐ Booth Rental ☐ Home ☐ Limited  
TYPE OF INSPECTION: ☐ 2. Cosmetology (all) ☒ Hair ☐ Esthetics ☐ Nails ☐ Other \_\_\_\_\_  
☐ 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 other \_\_\_\_\_  
☒ 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 disinfectant was brown  
☒ 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 paper towels  
☒ YES ☒ NO 18. Storage room or cabinet for harmful supplies \_\_\_\_\_  
☒ YES ☒ NO 19. Hair work stations clean and disinfected alot of dust on products  
☒ 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 Combs  
☒ 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>Kerry Kline</u>	Lic # <u>CO-02153</u>	Expires: <u>9-26-17</u>
_____	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:

OK into Disinfectant to see if it gets brown in sun.

F. Date: 1-12-17 Time: 2:00 PM  
Signature: \_\_\_\_\_ Inspector signature: Karen Osselt  
Licensee reviewed inspection report with Inspector YES ☒ NO ☐ (if "no" why not) NOT WORKING

RECHECK \_\_\_\_\_ ☒ FAIL Sanitation ☐ PASS \_\_\_\_\_

#50.00 Reinspection fee in by 1-22-17