

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 Salon
ADDRESS: 202 E 1st CITY: Clark
OWNER NAME: Kerry Kline TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CS-03189 EXPIRATION DATE: 9-1-16

B. TYPE OF SALON: ☒ 1. 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 _____
☒ 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 _____
☒ YES ☐ NO 18. Storage room or cabinet for harmful supplies _____

☒ YES ☐ NO 19. Hair work stations clean and disinfected _____
☒ 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 _____
☒ 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>30-02753-16</u>	Expires: <u>9-26-16</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:

F. Signature: Kerry Kline Date: 6-16-16 Time: 5:10 PM
Inspector signature: Karen Doss
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____

RECHECK

FAIL

PASS