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: Auxilla Salon			
ADDRESS: 206 Syman city: Milbank			
OWNER NAME: CONSTRUCTION DATE: 31 2003			
SALON or BOOTH LICENSE NUMBE	er: <u>US-08836</u>	2 EXPIRATION DATE: 31	12023
		Home Limited  Sthetics Nails Other  Re-Inspection Investigation	
C) List of Personal Licensees (first & last)			
Junifle Chala	/ Lic#	Expires:	9/16/20
	Lic #	Expires:	
-	Lic# Lic#	Expires:Expires:	
	Lic #	Expires:	
	Lic #	Expires:	
Use additional sheet if more space is needed.	Lic #	Expires:	
D. 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 15. Storage cabinet or room for harmful supplies			
YES NO 24. Closed, labeled containers f YES NO 25. Hair tools new and/or clean YES NO 26. Wigs covering used to preve YES NO 27. Clean cape used on each cl YES NO 28. Nail tools new and/or clean	or soiled towels, linens, impler and disinfected_ ent direct contact of client's so- ient or clean towel or neck stri	mentsalp or hair	
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: Jakel need Selabelling			
Signature:  Licensee reviewed inspection report with inspector YES NO (if "no" why not)  Time    Date: 5/8/2020   Time   Date:			
RECHECK	FAIL	PASS	