

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: Jessica Breiting Booth
ADDRESS: 6209 S Pinnacle CITY: Sioux Falls
OWNER NAME: Jessica Breiting TELEPHONE NUMBER: 275-9535
SALON or BOOTH LICENSE NUMBER: CB - 06395-18 EXPIRATION DATE: 4-3-18

B. TYPE OF SALON:

TYPE OF INSPECTION:

1. Salon ☒ 2. Cosmetology (all) ☒ 3. New ☐ Booth Rental ☒ Hair ☒ Routine ☐ Home ☐ Esthetics ☐ Re-Inspection ☐ Limited ☐ Nails ☐ Investigation ☐ Other ☐

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 Spray disinfectant brown - no bottle present w/ name
☒ YES ☐ NO 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements not present
☒ 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 capes left over dryer
☒ YES ☐ NO 20. Nail work stations clean and disinfected capes put in w/ plastic bags - change towel
☒ YES ☐ NO 21. Esthetics work stations clean and disinfected in drawer w/ combs
☒ YES ☐ NO 22. Waste Containers emptied at least daily etc... in bag on floor - open
☒ YES ☐ NO 23. Sinks clean and disinfected, no hair or soap scum wipe off counters
☒ 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>Jessica Breiting</u>	Lic # <u>CO - 08238-18</u>	Expires: <u>1-13-18</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:

Barbicide looks curdled in bottle - old?
Spray bottle has brown liquid in it w/ a barbicide handwritten label - Spray bottle needs manufacturer label.

F.

Date: 11-29-17 Time: 11:15

Signature: _____ Inspector signature: Mary Rasmussen
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____

RECHECK _____ FAIL yellow PASS _____