## **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: Quiseca, A	Rioch Both
//	CITY: Branden
E20 ₽	TELEPHONE NUMBER: 563 - 372V
SALON or BOOTH LICENSE NUMBER: (B -6	7050-21 EXPIRATION DATE: 10-28-21
B. TYPE OF SALON:  1. Salon 2. Cosmetology (all) 3. New	Booth Rental Home Limited Hair Esthetics Nails Other Routine Re-Inspection Investigation
C. List of Personal Licensees (first & last)	Lic # Expires:
Oversica Kuesil	Lic # <u>Co - 1/242 - 22</u> Expires: <u>3-1-22</u>
	Lic #       Expires:         Lic #       Expires:
	Lio# Evpiros:
	_ Lic # Expires:
	_ Lic # Expires:
Use additional sheet if more space is needed.	Lic # Expires:
D. During all working hours. YES is safe	tisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42
YES NO 1. Current licenses; Rules/Regulations, Unregulated Services Sign – Displayed	
YES NO 10. Floors, walls, ceilings, fixtures, vents clean and in good repair YES NO 11. Plumbing, hot/cold running water and central sewage system YES NO 12. Electrical, appliance cords and outlets safe and in good repair YES NO 13. Ventilation in work area YES NO 14. Restroom, clean with disposable towels, liquid soap YES NO 15. Storage cabinet or room for harmful supplies	
YES NO 16. Hair work stations immediately clean and disinfected after each use	
YES NO 25. Hair tools new and/or clean and disinfected	
YES NO 26. Wigs covering used to prevent direct contact of client's scalp or hair	
YES NO 28. Nail tools new and/or clean and disinfected	
YES-NO 29. Esthetics tools new and/or clean and disinfected	
YES NO 31. All products are clean, closed, and labeled correctly, includes wax	
	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 itemYES NO 34. Equipment for waxing hair removal services kept clean and disinfected	
	ed after each service (electric clippers, electric files or curling irons)
	ean and disinfected and stored in a clean, closed labeled containere from residential area
	- montresidential area
E. Comments:	
F. (1)	Date: 8-23-21 Time 2:00
Signature: Date: 8-23-21 Time 2:00  Inspector signature May Rasmussay	
Licensee reviewed inspection report with Inspector YES NO (if "no" why not)	
RECHECK FAI	ILPASS