

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 Pickering Booth
ADDRESS: 519 Main St. stu 230 CITY: Rapid City
OWNER NAME: Jessica Pickering TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CP-10433-2001 EXPIRATION DATE: 7-5-2001

B. TYPE OF SALON:

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

TYPE OF INSPECTION:

C. List of Personal Licensees (first & last)

Licensee Name	Lic #	Expires
Jessica R. Pickering	CO 15143-2000	3-10-2000

Use additional sheet if more space is needed.

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 2. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged _____
YES NO 3. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures _____
YES NO 4. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions _____
YES NO 5. Disinfectant available at each work station and includes manufacturer label _____
YES NO 6. Disinfectant meets virucidal, fungicidal, and bactericidal requirements _____
YES NO 7. Disinfectant container labeled, closed and large enough to completely immerse all implements _____
YES NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants _____
YES NO 9. Pedicure spa and tools clean and disinfected immediately after each use _____
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 17. Nail work stations immediately clean and disinfected after each use no spray Disinfectant
YES NO 18. Esthetics work stations immediately clean and disinfected after each use _____
YES NO 19. Waste containers closed, labeled and emptied when full or at least daily no lid or label
YES NO 20. Sinks clean and disinfected immediately after each use, no hair or soap scum _____
YES NO 21. Hand sanitizer or hand-washing facilities available for use _____
YES NO 22. Clean closed labeled containers to store only cleaned and disinfected implements and tools need labels
YES NO 23. Clean closed labeled containers to store only clean towels _____
YES NO 24. Closed, labeled containers for soiled towels, linens, implements _____
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 27. Clean cape used on each client or clean towel or neck strip if reusing a cape _____
YES NO 28. Nail tools new and/or clean and disinfected _____
YES NO 29. Esthetics tools new and/or clean and disinfected _____
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:

clippers are not in closed container and are left out w/out a blade cap. Must have cap if not in closed container - no spray disinfectant at station label.

F.

Date: 10-22-20 Time: _____

Signature: _____

Inspector signature: [Signature]

Licensee reviewed inspection report with Inspector YES NO (if "no" why not) not working

RECHECK _____

FAIL yellow sheet

PASS _____