

South Dakota Cosmetology Commission
217 W. Missouri Ave. Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

A. SALON OR BOOTH NAME: Julian Ruy Booth
 ADDRESS: 109 E 4th St CITY: Mitchell
 OWNER NAME: Julian Ruy TELEPHONE NUMBER: _____
 SALON or BOOTH LICENSE NUMBER: CB-09064-2022 EXPIRATION DATE: 10/21/2022

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

[illegible]

D. During all working hours. YES is satisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42

Current Licenses: Rules/Regulations, Unregistered 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 workstation and includes manufacturer label *getting low* _____

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. Prohibited Tools (20:42:04:03) _____

YES NO 11. Floors, walls, ceilings, fixtures, vents clean and in good repair _____

YES NO 12. Plumbing, hot/cold running water and central sewage system _____

YES NO 13. Electrical, appliance cords and outlets safe and in good repair _____

YES NO 14. Ventilation in work area _____

YES NO 15. Restroom, clean with disposable towels, liquid soap _____

YES NO 16. Storage cabinet or room for harmful supplies _____

YES NO 17. Hair workstations immediately clean and disinfected after each use _____

YES NO 18. Nail workstations immediately clean and disinfected after each use _____

YES NO 19. Esthetics workstations immediately clean and disinfected after each use _____

YES NO 20. Waste containers closed, labeled and emptied when full or at least daily _____

YES NO 21. Sinks clean and disinfected immediately after each use, no hair or soap scum *full of hair* _____

YES NO 22. Hand sanitizer or hand-washing facilities available for use _____

YES NO 23. Clean closed labeled containers to store only cleaned and disinfected implements and tools _____

YES NO 24. Clean closed labeled containers to store only clean towels *need to label* _____

YES NO 25. Closed, labeled containers for soiled towels, linens, implements _____

YES NO 26. Hair tools new and/or clean and disinfected *Stuarts & Case need cleaning* _____

YES NO 27. Wigs covering used to prevent direct contact of client's scalp or hair _____

YES NO 28. Clean cape used on each client or clean towel or neck strip if reusing a cape _____

YES NO 29. Nail tools new and/or clean and disinfected _____

YES NO 30. Esthetics tools new and/or clean and disinfected _____

YES NO 31. All single-use items immediately disposed in trash after each use _____

YES NO 32. All products are clean, closed, and labeled correctly, includes wax *wax needs cover* _____

YES NO 33. Fluids, semifluid's, creams, and powders kept in clean, closed, labeled containers _____

YES NO 34. Items listed in 30. dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item _____

YES NO 35. Equipment for waxing hair removal services kept clean and disinfected _____

YES NO 36. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons) _____

YES NO 37. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container _____

YES NO 38. Home Salons – separate exit – separate from residential area _____

YES NO 39. Other laws and/or rules that apply (list) _____

E. Comments:
Clypsess need cleaning
need to label stations
label way supplies

F. _____

Date: 10/14/2022 Time: 10:40pm

Signature: _____ Inspector signature: Nancy Labrey

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

RECHECK _____ FAIL Blue & Yellow PASS _____