

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: Lacy Walker Booth
ADDRESS: 5405 Garfield St C CITY: Pierre
OWNER NAME: Lacy Walker TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: AB 06353 218 EXPIRATION DATE: 2-17-2018

B. TYPE OF SALON:

TYPE OF INSPECTION:

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

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 other _____
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 _____
YES NO 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements _____
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 excessive hair in rollabout
YES NO 20. Nail work stations clean and disinfected _____
YES NO 21. Esthetics work stations clean and disinfected _____
YES NO 22. Waste Containers emptied at least daily _____
YES NO 23. Sinks clean and disinfected, no hair or soap scum _____
YES NO 24. Hand sanitizer or hand-washing facilities available for use _____
YES NO 25. Hair tools new and/or clean and disinfected hair in shears
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. Dispensal tools or equipment is used for products _____
YES NO 31. Electrical equipment clean and disinfected (electric clippers, electric files or curling irons) hair in dryer
YES NO 32. Attachments for electrical equipment clean and disinfected hair on guards
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>Lacy Walker</u>	Lic #	<u>6009084 217</u>	Expires:	<u>9-25-2017</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: Please clean everything -
Remove all hair and disinfect cutting table after each use.

F. Date: 6-30-2017 Time: 12:10
Signature: _____ Inspector signature: [Signature]
Licensee reviewed inspection report with Inspector YES (NO (if "no" why not) not working)

RECHECK _____ FAIL _____ PASS _____