

Recheck Pass

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

A. SALON OR BOOTH NAME: Letus Salon Salon
ADDRESS: 3171 Airport Rd CITY: Pierre
OWNER NAME: Theresa Hermen TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CS-08781-2024 EXPIRATION DATE: 1/15/2024

B. TYPE OF SALON: 1. Salon Booth Rental Home Limited
2. Cosmetology (all) Hair Esthetics Nails Other _____
TYPE OF INSPECTION: 3. New Routine Re-Inspection Investigation

[illegible]

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:** Regulations/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 workstation 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. **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 _____

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 _____

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

YES NO 26. Hair tools new and/or clean and disinfected _____

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 _____

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: *Looks Good*

F. 21, 12083 Date: 13:50 Time: 13:50
 Signature: [Signature] Inspector signature: Nancy K. Bric
 Licensee reviewed inspection report with Inspector YES NO (if "no" why not)

RECHECK _____ FAIL _____ PASS _____