

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: Michelle Clarys Booth

ADDRESS: 2425 Shirley Ave

CITY: Sioux Falls

OWNER NAME: Michelle Clarys

TELEPHONE NUMBER: _____

SALON or BOOTH LICENSE NUMBER: CB-07740-14

EXPIRATION DATE: 8-11-16

B. TYPE OF SALON:

1. Salon

Booth Rental

Home

Limited

TYPE OF INSPECTION:

2. Cosmetology (all)

Hair

Esthetics

Nails

Other _____

3. New

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 _____
- ~~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 _____
- ~~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. Dispersal tools or equipment is used for products _____
- ~~YES~~ NO 31. Electrical equipment clean and disinfected (electric clippers, electric files or curling irons) _____
- ~~YES~~ NO 32. Attachments for electrical equipment clean and disinfected _____
- ~~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)

Michelle Clarys

Lic # CB-67578-17

Expires: 1-22-17

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:

F.

Signature: [Signature]

Date: 5-25-16

Time 12:00

Inspector signature Mary Rasmussen

Licensee reviewed inspection report with Inspector YES

NO (if "no" why not) _____

RECHECK

FAIL

PASS