

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: Nail Spa Salon
ADDRESS: 5209 S Louise CITY: Sioux Falls
OWNER NAME: Manh Vu TELEPHONE NUMBER: 271-7200
SALON or BOOTH LICENSE NUMBER: ~~815~~ ⁸¹⁵ - 06810-16 ? EXPIRATION DATE: 4-12-16

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) manufacturer label
- 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 3 footspas jets have
- 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 soiled implements left out. - better organized
- YES NO 21. Esthetics work stations clean and disinfected of drawers - dont put flat light on
- YES NO 22. Waste Containers emptied at least daily floor
- 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 Brushes left out
- YES NO 26. Nail tools new and/or clean and disinfected he seems to put soiled implements on a
- YES NO 27. Esthetics tools new and/or clean and disinfected container marked soiled
- YES NO 28. All single-use items disposed after each use left soiled net - drill bits left on that - had
- YES NO 29. All products are clean, closed, and labeled correctly, includes wax been used
- 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)

<u>Joseph Nguyen</u>	Lic # <u>NT-12129-16</u>	Expires: <u>6-14-16</u>
<u>Thanh Thi Ngoc Nguyen</u>	Lic # <u>NT-01-287-16</u>	Expires: <u>8-23-16</u>
<u>Dorey Van Nguyen</u>	Lic # <u>NT-11980-17</u>	Expires: <u>1-1-17</u>
<u>Yen Nguyen</u>	Lic # <u>NT-11270-16</u>	Expires: <u>5-20-16</u>
<u>Phuong Vu</u>	Lic # <u>NT-10816-16</u>	Expires: <u>5-18-16</u>
<u>Phuong D Vu</u>	Lic # <u>NT-11090-16</u>	Expires: <u>9-9-16</u>
<u>Hami Phuong Vu</u>	Lic # <u>NT-01-08490-16</u>	Expires: <u>3-27-16</u>
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____

E. Comments: Dont put light on floor Stations were better -
Brushes out soiled implements
for knowing they

F. Date: 1-12-16 Time: 2:20
Signature: _____ Inspector signature Mary Rasmussen
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) no
RECHECK _____ FAIL \$50 re-inspection _____ PASS _____