## **Inspection Report**

South Dakota Cosmetology Commission 500 E Capitol Ave Pierre, SD 57501 605-773-6193 cosmetology@state.sd.us

<b>A.</b> SALON OR BOOTH NAME	: Mail Hudio	Jacor	
ADDRESS: 2425	& Sheeling		CITY: Love Falls
OWNER NAME: Kiling	1819.	TELEPHO	NE NUMBER: <u>271 – 838 S</u>
SALON or BOOTH LICENS	E NUMBER: 156-1547	<u>9/ - /                                 </u>	NE NUMBER: <u>211 - 898号</u> RATION DATE: <u>/2・1・1</u> 8
B. TYPE OF SALON:  TYPE OF INSPECTION:	2. Cosmetology (all) Hai	r Esthetics	Limited  Mails: Other
C. During all working hours.		tory NO is NOT satisfactor	
YES NO 2. Certified for mice YES NO 3. Fire Extinguish YES NO 4. First aid kit that YES NO 5. Disinfecting agrees NO 7. Disinfectant con YES NO 8. Disinfectant (if of YES NO 9. Clean closed con YES NO 10. Closed, labeled YES NO 11. Pedicure station	erodermabrasion and/or election, ABC type, 5 lbs., easily a contains adhesive dressings ent(s) available at station ent meets virucidal, fungicidantainer available (large enoughixed) fresh, clean and free fontainers - to store only clean and tools clean and disinfermand tools clean and disinfermand tools clean and disinfermand.	ric nail files and/or eyelash e ccessible, charged	nts
YES NO 13. Walls, ceilings, fi YES, NO 14. Plumbing, hot/co YES, NO 15. Electrical, applia YES, NO 16. Ventilation in wor YES NO 17. Restroom, clean	xtures, vents clean and in go ld running water and central nce cords and outlets safe ar rk area	sewage system nd in good repair d soap	
YES NO 20. Nail work station: YES NO 21. Esthetics work station: YES NO 22. Waste Container YES NO 23. Sinks clean and YES NO 24. Hand sanitizer or YES NO 26. Nail tools new and YES NO 26. Nail tools new and YES NO 28. All single-use item YES NO 29. All products are of YES NO 30. Dispersal tools on YES NO 31. Electrical equipm YES NO 32. Attachments for example of YES NO 32.	s clean and disinfected	cum	r curling irons)
YES NO 33. Private Residency YES NO 34. Other laws and/o	es - separate exit - separate r rules that apply (list )	e from residential area	
D. List of Personal Licensees	s (first & last)		
King Canon	Lic	# # # # # # # # # # # # # # # # # # #	Expires: Expires: Expires:
Use additional sheet if more space	is needed	#	Expires:
E. Comments:	is needed.		
W. J. State		Date: <u> </u>	/'
Signature: // Licensee reviewed inspection	report with Inspector YE.	Inspector signature // NO (if "no" why not)	lary Rammersey
RECHECK	FAIL		PASS