

# 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 Studio  
ADDRESS: 2425 Shuley CITY: Sioux Falls  
OWNER NAME: Kelly Wong TELEPHONE NUMBER: 271-8888  
SALON or BOOTH LICENSE NUMBER: LS-04791-17 EXPIRATION DATE: 10-17  
*needs to be changed*  
*no license req - no waxing*

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

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 nail clippings  
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 manicure table - implements not stored properly  
YES NO 20. Nail work stations clean and disinfected dust  
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 Brushes were left out put away  
YES NO 27. Esthetics tools new and/or clean and disinfected \_\_\_\_\_  
YES NO 28. All single-use items disposed after each use when I came in to inspect  
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)

<u>Thao Mai</u>	Lic # <u>NT-11967-17</u>	Expires: <u>4-26-17</u>
<u>Thao Thi Phuong Tran</u>	Lic # <u>NT-11978-17</u>	Expires: <u>8-22-17</u>
<u>Kelly Wong</u>	Lic # <u>NT-09218-17</u>	Expires: <u>2-16-17</u>
<u>Bai Orampo</u>	Lic # <u>NT-11979-17</u>	Expires: <u>6-6-17</u>
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____

Use additional sheet if more space is needed.

E. Comments: still need to improve, pedicure area better  
offered to come in and to show them sanitation procedures

F.  
Signature: [Signature] Date: 11-17-16 Time: 1:30  
Inspector signature: Mary Rasmussen  
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) \_\_\_\_\_

RECHECK FAIL PASS