

# 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: 1246 W Empire CITY: Sioux Falls  
OWNER NAME: Kathy Davis TELEPHONE NUMBER: 361-0707  
SALON or BOOTH LICENSE NUMBER: NP-09199-19 EXPIRATION DATE: 4-29-19

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 eyelash extensions \_\_\_\_\_  
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 sanding bands on.  
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>Dan Tat Nguyen</u>	Lic #	Expires:
	<u>NT-12227-19</u>	<u>10-15-17</u>
<u>Vy Hoang Thien Nguyen</u>	Lic #	Expires:
	<u>NT-13577-20</u>	<u>2-20-20</u>
<u>Cong Thanh Phan</u>	Lic #	Expires:
	<u>NT-06712-20</u>	<u>1-8-20</u>
<u>Xuando Thi Nguyen</u>	Lic #	Expires:
	<u>NT-06875-19</u>	<u>12-31-19</u>
<u>Tang Thi Thu Nguyen</u>	Lic #	Expires:
	<u>NT-13575-19</u>	<u>6-17-19</u>

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E. Comments: Cleaned while waiting licenses down. Asked for license.  
New owner did not have cosmetology or nail license present. Client  
confirmed she had done manicure on for her.

F. Signature: [Signature] Date: 4-1-19 Time: 5:05

Inspector signature Mary Rasmussen  
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) \_\_\_\_\_

RECHECK \_\_\_\_\_ FAIL \_\_\_\_\_ PASS \_\_\_\_\_