Inspection Report

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

			1985 BB
A. SALON OR BOOTH NAME: Mail Jime	lalin		
ADDRESS: 1246 W Empire			Scow Fulls
OWNER NAME: Sang Hoai Nguye	w -	TELEPHONE NUME	3ER: 361-0707
SALON or BOOTH LICENSE NUMBER: NS -10			
B. TYPE OF SALON: TYPE OF INSPECTION: 1 Salon 2. Cosmetology (all) 3. New		me Limited hetics Nails Inspection Investiga	
Lang Acri Nguyen Ngan Dang Johnson - Windy T Kem Shuong Nguyen Berng	Lic# NT 10	48 87-21 808-22 5209-22	Expires:
Lesa Jian James Man Use additional sheet if more space is needed.	Lic#	2448-22	Expires: 9-/1 - 22 Expires:
D. 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 10. Floors, walls, ceilings, fixtures, vents clean and in good repair			
YES NO 16. Hair work stations immediately clean and disinfected after each use			
YES-NO 25. Hair tools new and/or clean and disinfect YES-NO 26. Wigs covering used to prevent direct cor YES NO 27. Clean cape used on each client or clean XES NO 28. Nail tools new and/or clean and disinfect YES-NO 29. Esthetics tools new and/or clean and dis YES-NO 30. All single-use items immediately dispose YES-NO 31. All products are clean, closed, and labely YES-NO 32. Fluids, semifluids, creams and powders YES-NO 33. Items listed in 30. dispensed with a disin YES-NO 34. Equipment for waxing hair removal servi YES-NO 35. Electrical equipment clean and disinfected YES-NO 36. Attachments for electrical equipment clean	ntact of client's scalp towel or neck strip if ted infected ed in trash after each ed correctly, includes kept in clean, closed fected spatula, shake ces kept clean and ded after each service	use	nser or single-use item ctric files or curling irons)
YES_NO 37. Home Salons – separate exit – separate YES_NO 38. Other laws and/or rules that apply (list)_			
E. Comments: Cut customers cutile white working on - no correct blood spell procedure done			
F. Signature: Licensee reviewed inspection report with Inspector		ignature Many	Time_2:25
RECHECK FAIL PASS			