

Inspection Report

South Dakota Cosmetology Commission
500 E Capitol Ave Pierre, SD 57501
605-772-6193 cosmetology@state.sd.us

A. SALON OR BOOTH NAME: Nancy Enze Booth
ADDRESS: 2201 6th Ave SE Ste 19 CITY: Aberdeen
OWNER NAME: Nancy Enze TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CB-03610-2020 EXPIRATION DATE: 6/3/2020

B. TYPE OF SALON:

1. Salon	Booth Rental	Home	Limited
2. Cosmetology (all)	Hair	Esthetics	Nails
3. New	Routine	Re-Inspection	Investigation

TYPE OF INSPECTION:

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 or 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 _____
- 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)

[illegible]

Use additional sheet if more space is needed.

E. Comments:

F.

Date: 21/3/2014 Time: 9:10 AM

Signature: _____ Inspector signature: [Signature]
 Licensee reviewed inspection report with Inspector YES NO (if "no" why not) 100% yes

RECHECK _____ FAIL _____ PASS _____

JUN 04 2019