

RECHECK FAIL

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: Nicole Allen Booth
ADDRESS: 6010 S Minnesota CITY: Sioux Falls
OWNER NAME: Nicole Allen TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CB-06002-23 EXPIRATION DATE: 3.2.23

B. TYPE OF SALON: 1. Salon 2. Cosmetology (all) 3. New
Booth Rental Hair Routine
Home Esthetics Re-Inspection
Limited Nails Investigation
Other _____
TYPE OF INSPECTION: _____

C. List of Personal Licensees (first & last)
Nicole Allen Lic # _____ Expires: _____
Lic # CO-06052-23 Expires: 2-28-23
Lic # _____ Expires: _____
Lic # _____ Expires: _____
Lic # _____ Expires: _____
Lic # _____ Expires: _____
Lic # _____ Expires: _____
Lic # _____ Expires: _____
Use additional sheet if more space is needed.

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 2. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged _____
YES NO 3. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures _____
YES NO 4. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions Ship shape is a prior step.
YES NO 5. Disinfectant available at each work station and includes manufacturer label Ship shape is not
YES NO 6. Disinfectant meets virucidal, fungicidal, and bactericidal requirements a correct disinfectant
YES NO 7. Disinfectant container labeled, closed and large enough to completely immerse all implements it is a cleaner
YES NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants has to have 3 words
YES NO 9. Pedicure spa and tools clean and disinfected immediately after each use _____
YES NO 10. Floors, walls, ceilings, fixtures, vents clean and in good repair _____
YES NO 11. Plumbing, hot/cold running water and central sewage system _____
YES NO 12. Electrical, appliance cords and outlets safe and in good repair _____
YES NO 13. Ventilation in work area _____
YES NO 14. Restroom, clean with disposable towels, liquid soap _____
YES NO 15. Storage cabinet or room for harmful supplies _____
YES NO 16. Hair work stations immediately clean and disinfected after each use _____
YES NO 17. Nail work stations immediately clean and disinfected after each use _____
YES NO 18. Esthetics work stations immediately clean and disinfected after each use _____
YES NO 19. Waste containers closed, labeled and emptied when full or at least daily _____
YES NO 20. Sinks clean and disinfected immediately after each use, no hair or soap scum _____
YES NO 21. Hand sanitizer or hand-washing facilities available for use _____
YES NO 22. Clean closed labeled containers to store only cleaned and disinfected implements and tools _____
YES NO 23. Clean closed labeled containers to store only clean towels _____
YES NO 24. Closed, labeled containers for soiled towels, linens, implements _____
YES NO 25. Hair tools new and/or clean and disinfected _____
YES NO 26. Wigs covering used to prevent direct contact of client's scalp or hair _____
YES NO 27. Clean cape used on each client or clean towel or neck strip if reusing a cape _____
YES NO 28. Nail tools new and/or clean and disinfected _____
YES NO 29. Esthetics tools new and/or clean and disinfected _____
YES NO 30. All single-use items immediately disposed in trash after each use _____
YES NO 31. All products are clean, closed, and labeled correctly, includes wax _____
YES NO 32. Fluids, semifluids, creams and powders kept in clean, closed, labeled containers _____
YES NO 33. Items listed in 30. dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item _____
YES NO 34. Equipment for waxing hair removal services kept clean and disinfected _____
YES NO 35. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons) _____
YES NO 36. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container _____
YES NO 37. Home Salons – separate exit – separate from residential area _____
YES NO 38. Other laws and/or rules that apply (list) _____

E. Comments: Left Blue form - when you purchase correct disinfectant
mail text me picture & send receipt to office w/ blue form.
on ship shape tells you correct Everything else is good!

F. Date: 3-29-22 Time: 3:02
Signature: _____ Inspector signature: Mary Rasmussen
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____
RECHECK _____ FAIL Blue - no reinspection PASS _____