

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: Oscar Nails Salon - New Owner
ADDRESS: 1819 6th St CITY: Brookings
OWNER NAME: Jimmy Nguyen Oscar Nails TELEPHONE NUMBER: 605-11091-2022
SALON or BOOTH LICENSE NUMBER: 20-08975 EXPIRATION DATE: 9/6/2022

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

C. List of Personal Licensees (first & last)
Yale Vong Lic # 711-15074-2022 Expires: 8/6/2022
Thanh Thuy Truong Lic # 441-0015155-2022 Expires: 1/21/2023
Tram Thi Nguyen Vu Lic # 711-13163-2023 Expires: 6/9/2023
Tram Thi Nguyen Vu Lic # ED-15421-2023 Expires: 6/9/2023

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 _____
YES NO 5. Disinfectant available at each work station and includes manufacturer label _____
YES NO 6. Disinfectant meets virucidal, fungicidal, and bactericidal requirements _____
YES NO 7. Disinfectant container labeled, closed and large enough to completely immerse all implements _____
YES NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants _____
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 needs labeling _____
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 full on time use only _____
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: needs to do more labeling of stations.

F. Signature: [Signature] Date: 7/7/2022 Time: 11:10 AM
Inspector signature: Nancy K. K. K.
Licensee reviewed inspection report with Inspector YES NO (if "no" why not)
RECHECK FAIL PASS

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ADDRESS: _____ CITY: Brookings
OWNER NAME: _____ TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: _____ EXPIRATION DATE: _____

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)

<u>Jimmy Nguyen</u>	Lic # <u>NT11762-2022</u>	Expires: <u>12/18/2022</u>
<u>Huu Thinh Nguyen</u>	Lic # <u>NT15737-2022</u>	Expires: <u>7/22/2022</u>
<u>Xuong Duc Bui</u>	Lic # <u>NT12446-2023</u>	Expires: <u>6/26/2023</u>
<u>Hung Thac Nguyen</u>	Lic # <u>NT148295-2023</u>	Expires: <u>2/2/2023</u>
_____	Lic # _____	Expires: _____
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F. Date: _____ Time: _____

Signature: _____ Inspector signature _____
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____

RECHECK _____ FAIL _____ PASS _____

