

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 Spa
ADDRESS: 2013 Wilbur Creek Ln Ste 3 CITY: Watertown
OWNER NAME: Jimmy Nguyen TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: YT507640-2020 EXPIRATION DATE: 5/18/2020

B. TYPE OF SALON:

TYPE OF INSPECTION:

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

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 Jimmy Nguyen
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 pedicure bowls need to be cleaned
YES NO 12. Floors clean (no hair or nail clippings) and in good repair paper - (screws)
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 don't leave sports in way
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>Cong Van Nguyen</u>	Lic # <u>YT-12812-2020</u>	Expires: <u>3/10/2020</u>
<u>Te The Bui</u>	Lic # <u>YT-11950-2020</u>	Expires: <u>12/31/2020</u>
<u>Jimmy Nguyen</u>	Lic # <u>YT-11762-2020</u>	Expires: <u>12/18/2020</u>
<u>Huyen A. Nguyen</u>	Lic # <u>YT-11586-2020</u>	Expires: <u>6/29/2020</u>
<u>Hung Ngoc Nguyen</u>	Lic # <u>YT-11295-2020</u>	Expires: <u>2/2/2020</u>

Use additional sheet if more space is needed.

E. Comments:

F.

Signatures:

Licensee reviewed inspection report with Inspector

Date:

Time:

Inspector signature

YES NO (if "no" why not)

RECHECK

FAIL

PASS

Inspection Report

South Dakota Cosmetology Commission
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4p2

A. SALON OR BOOTH NAME: Oscar Nails Spa
ADDRESS: 2013 Willow Creek Dr S#3 CITY: Waters town
OWNER NAME: Jimmy Nguyen TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: NS-07646-2020 EXPIRATION DATE: 5/18/2020

B. TYPE OF SALON:

TYPE OF INSPECTION:

1. Salon

2. Cosmetology (all)

3. New

Booth Rental

Hair

Routine

Home

Esthetics

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Other _____

C. During all working hours.

YES is satisfactory NO is NOT satisfactory

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YES NO 4. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures _____
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YES NO 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements _____
YES NO 7. Disinfectant container available (large enough) _____
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YES NO 9. Clean closed containers - to store only cleaned or disinfected tools _____
YES NO 10. Closed, labeled containers for soiled towels, linens, tools _____
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YES NO 12. Floors clean (no hair or nail clippings) and in good repair _____
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YES NO 14. Plumbing, hot/cold running water and central sewage system _____
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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>Thong Viet Nguyen</u>	Lic # <u>NT-1563-2020</u>	Expires: <u>5/1/2020</u>
<u>Duy Nguyen</u>	Lic # _____	Expires: _____
<u>Trang Thi Thuy Vu</u>	Lic # <u>NT-12699-2019</u>	Expires: <u>8/13/2019</u>
<u>Ngan Thi Thuy Vu</u>	Lic # <u>NT-1148-2020</u>	Expires: <u>6/30/2020</u>
<u>My Thuy Bui</u>	Lic # <u>NT-13634-2020</u>	Expires: <u>5/20/2020</u>
	Lic # <u>NT-12793-2020</u>	Expires: <u>1/29/2020</u>
	Lic # _____	Expires: _____

Use additional sheet if more space is needed.

E. Comments:

F.

Date: _____ Time: _____

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

RECHECK _____ FAIL _____ PASS _____