	Rea	ton PAS	5	LPQ1	
Inspect	ion Repo	ort	217 W. Missou	Cosmetology Commission uri Ave. Pierre, SD 57501 cosmetology@state.sd.us	
A. SALON OR BOOTH NAME	Oscar	Dails	2 par 4	Zalon	
ADDRESS: 2013	Dellow	reck St	3 CITY:_[	ateroan	
OWNER NAME:	my Me	ger.	_TELEPHONE NUMB		
SALON or BOOTH LICENS	E NUMBER:	3-07Kdh	D-4EXPIRATION	DATE: 5/18/200	
B. TYPE OF SALON:  TYPE OF INSPECTION:	1 Salon 2. Cosmetology (all) 3. New	Hair E	lome Limited sthetics Nails e-Inspection Investigat	Other	
C. List of Personal Licensee	s (first & last)	Lic# 717-1	14262 205	Expires: 3/21/245	
Augus Gallie		Lic # Lic # Lic #	1586-2000	Expires: 4/39/202	
Joekson Gray		Lic #	2812-2025	Expires: 3/10/2023	
Thom Viet 4	70/1/6	Lic #	11/1/3-010	Expires: 5/1/201	
Use additional sheet if more space	e is needed.	Lic#	1. 165- 400	Expires:	
D. During all working hours.		sfactory NO is	NOT satisfactory	SDCL 36-15 ARSD 20:42	
YES NO 1. Current License YES NO 2. Fire Extinguish YES NO 3. First Aid Kit that YES NO 4. Certified for Mic YES NO 5. Disinfectant ava YES NO 6. Disinfectant me YES NO 7. Disinfectant (if r YES NO 9. Pedicure Spa and YES NO 10. Prohibited Tool	er, ABC type, 5 lbs., eas tontains adhesive dres rodermabrasion and/or all all all all all all all all all al	ily accessible, cha sings, gloves, ant dectric Nail Files a on and includes mand bactericidal re and large enough free from contami	arged	s	
YES NO 11. Floors, walls, cei YES NO 12. Plumbing, hot/co YES NO 13. Electrical, applian YES NO 14. Ventilation in work YES NO 15. Restroom, clean YES NO 16. Storage cabinet	ld running water and cer nce cords and outlets sa rk area with disposable towels, I	ntral sewage syste fe and in good rep liquid soap	em pair		
YES NO 17. Hair workstations YES NO 18. Nail workstations YES NO 19. Esthetics workstations YES NO 20. Waste containers YES NO 21. Sinks clean and YES NO 22. Hand sanitizer or YES NO 23. Clean closed lab YES NO 24. Clean closed lab YES NO 25. Closed, labeled of	s immediately clean and of ations immediately clean is closed, labeled and em disinfected immediately a r hand-washing facilities eled containers to store of eled containers to store of	disinfected after e and disinfected a aptied when full or after each use, no available for use _ only cleaned and o only clean towels	ach use fter each use at least daily hair or soap scum disinfected implements a		
YES NO 26. Hair tools new ar YES NO 27. Wigs covering us YES NO 28. Clean cape used YES NO 29. Nail tools new an YES NO 30. Esthetics tools new YES NO 31. All single-use iter YES NO 32. All products are of YES NO 33. Fluids, semifluid's YES NO 34. Items listed in 30	sed to prevent direct cont on each client or clean to ad/or clean and disinfecte we and/or clean and dising ms immediately disposed clean, closed, and labele s, creams, and powders dispensed with a disinfe	tact of client's scal towel or neck strip ed nfected d in trash after eac d correctly, includ- kept in clean, clos ected spatula, sha	if reusing a cape		
YES NO 37. Attachments for e	ent clean and disinfected electrical equipment clea	d after each servion and disinfected	ce (electric clippers, elect and stored in a clean, clo	ric files or curling irons) sed labeled container	
YES NO 38. Home Salons – s YES NO 39. Other laws and/o E. Comments:		1		The Cleaning	
F.		Date:/	2/4/202	2 Time 10,50m	
Signature: Licensee reviewed inspection report with Inspector YES NO (if "no" why not)					
RECHECK FAIL PASS					
		10-			

Inspection Report	South Dakota Cosmetology Commission 217 W. Missouri Ave. Pierre, SD 57501 605-773-6193 cosmetology@state.sd.us			
A. SALON OR BOOTH NAME:	IS .			
ADDRESS:	CITY: WALL FOUR			
OWNER NAME:	TELEPHONE NUMBER:			
SALON or BOOTH LICENSE NUMBER:	EXPIRATION DATE:			
B. TYPE OF SALON:  1 Salon 2. Cosmetology (all) Hair Routine	Rental Home Limited Esthetics Nails Other Re-Inspection Investigation			
C. List of Personal Licensees (first & last)  Lic #	17-15198-2023 Expires: 8/25/2023 Expires: Expire			
Use additional sheet if more space is needed.	Expires:			
D. During all working hours. YES is satisfactory	y NO is NOT satisfactory SDCL 36-15 ARSD 20:42			
YES NO 4. Certified for Microdermabrasion and/or Electric I YES NO 5. Disinfectant available at each workstation and in YES NO 6. Disinfectant meets virucidal, fungicidal, and bac YES NO 7. Disinfectant Container labeled, closed and larg YES NO 8. Disinfectant (if mixed) fresh, clean, and free from	ssible, charged			
YES NO 12. Plumbing, hot/cold running water and central sew YES NO 13. Electrical, appliance cords and outlets safe and it YES NO 14. Ventilation in work areaYES NO 15. Restroom, clean with disposable towels, liquid so	n good repair vage system n good repair pap			
YES NO 18. Nail workstations immediately clean and disinfect YES NO 19. Esthetics workstations immediately clean and dis YES NO 20. Waste containers closed, labeled and emptied will YES NO 21. Sinks clean and disinfected immediately after each YES NO 22. Hand sanitizer or hand-washing facilities available YES NO 23. Clean closed labeled containers to store only clear YES NO 24. Clean closed labeled containers to store only clear YES NO 24. Clean closed labeled containers to store only clear yes NO 24. Clean closed labeled containers to store only clear yes NO 24. Clean closed labeled containers to store only clear yes NO 24. Clean closed labeled containers to store only clear yes NO 24. Clean closed labeled containers to store only clear yes NO 24. Clean yes NO 24. Clean closed labeled containers to store only clear yes NO 24. Clean yes NO 25. Clean yes NO 24. Clean yes NO 25. Clean yes NO 24. Clean yes NO 25. Clean yes NO 26.	aned and disinfected implements and tools			
YES NO 28. Clean cape used on each client or clean towel or YES NO 29. Nail tools new and/or clean and disinfected YES NO 30. Esthetics tools new and/or clean and disinfected YES NO 31. All single-use items immediately disposed in trast YES NO 32. All products are clean, closed, and labeled correct YES NO 33. Fluids, semifluid's, creams, and powders kept in YES NO 34. Items listed in 30. dispensed with a disinfected spread NO 35. Equipment for waxing hair removal services kept YES NO 36. Electrical equipment clean and disinfected after each YES NO 36. Electrical equipment clean and disinfected after each YES NO 36.	lient's scalp or hair			
	sidential area			
YES NO 39. Other laws and/or rules that apply (list)  E. Comments:				
F.	Date: Time			
	Inspector signature			
Licensee reviewed inspection report with Inspector YES	NO (if "no" why not)			
RECHECK FAIL PASS				

Inspect	ion Report	South Dakota Cosmetology Commission 217 W. Missouri Ave. Pierre, SD 57501 605-773-6193 cosmetology@state.sd.us	
A. SALON OR BOOTH NAME	Was Mails		
ADDRESS:	· Com / Com	CITY: WALLDIED	
OWNER NAME:		V V V V V V V V V V V V V V V V V V V	
SALON or BOOTH LICENS	E NUMBER:	EXPIRATION DATE:	
B. TYPE OF SALON:  TYPE OF INSPECTION:	2. Cosmetology (all) 3. New  Booth Rental Hair Routine	Home Limited Esthetics Nails Other Re-Inspection Investigation	
C. List of Personal Licensee		T- 11920 - 202 Expires: 12/31/205	
my mu B	Lic#	- 12193 - 2023 Expires: 1/19 12023	
Junny hour	Lic#	-11162-2022 Expires: 12/18/202	
Vu thuy and	Lic # Lic #	Expires: 1/3/2023	
Use additional sheet if more space	Lic #	Expires:	
D. During all working hours.	YES is satisfactory NO	is NOT satisfactory SDCL 36-15 ARSD 20:42	
YES NO 2. Fire Extinguish YES NO 3. First Aid Kit tha YES NO 4. Certified for Mic YES NO 5. Disinfectant ava YES NO 6. Disinfectant me YES NO 7. Disinfectant Co YES NO 8. Disinfectant (if it	er, ABC type, 5 lbs., easily accessible, to contains adhesive dressings, gloves, rodermabrasion and/or Electric Nail Filalble at each workstation and include ets virucidal, fungicidal, and bactericidantainer labeled, closed and large enounixed) fresh, clean, and free from contained tools clean and disinfected immedia	antiseptic, gauze, tape, blood spill procedureses and/or Eyelash Extensionses manufacturer labelell requirementsegh to completely immerse all implementseminantseminantseminants	
YES NO 12. Plumbing, hot/co YES NO 13. Electrical, applia YES NO 14. Ventilation in wo YES NO 15. Restroom, clean YES NO 16. Storage cabinet YES NO 17. Hair workstations YES NO 18. Nail workstations YES NO 19. Esthetics workst YES NO 20. Waste containers YES NO 21. Sinks clean and YES NO 22. Hand sanitizer of YES NO 23. Clean closed lab YES NO 24. Clean closed lab YES NO 25. Closed, labeled of YES NO 26. Hair tools new an YES NO 27. Wigs covering us YES NO 28. Clean cape used YES NO 29. Nail tools new an YES NO 30. Esthetics tools new YES NO 31. All single-use ite YES NO 32. All products are of YES NO 33. Fluids, semifluid YES NO 34. Items listed in 30 YES NO 35. Equipment for wo YES NO 36. Electrical equipm YES NO 37. Attachments for or	nce cords and outlets safe and in good rk area	er each use	
YES NO 38. Home Salons – s YES NO 39. Other laws and/o E. Comments:	separate exit – separate from residentia r rules that apply (list)	l area	
E. Comments.			
F.	Date:	Time	
Signature:	Inspec	tor signature if "no" why not)	
RECHECK			
	FAIL	11100	