

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: Oscar Nails Spa & Salon
ADDRESS: 2013 Willow Creek St, 3 CITY: Watertown
OWNER NAME: Jimmy Nguyen TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: 73-0740-223 EXPIRATION DATE: 5/18/2023

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)

Licensee Name	Lic #	Expires
<u>Chris Wang</u>	<u>NT-14292-2023</u>	<u>3/27/2023</u>
<u>Kevin Nguyen</u>	<u>NT-11586-2023</u>	<u>6/29/2023</u>
<u>Jackson Nguyen</u>	<u>NT-12812-2023</u>	<u>3/10/2023</u>
<u>Thong Viet Nguyen</u>	<u>NT-11763-2023</u>	<u>5/7/2023</u>

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 workstation 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. Prohibited Tools (20:42:04:04:03) _____
YES NO 11. Floors, walls, ceilings, fixtures, vents clean and in good repair _____
YES NO 12. Plumbing, hot/cold running water and central sewage system _____
YES NO 13. Electrical, appliance cords and outlets safe and in good repair _____
YES NO 14. Ventilation in work area _____
YES NO 15. Restroom, clean with disposable towels, liquid soap _____
YES NO 16. Storage cabinet or room for harmful supplies _____
YES NO 17. Hair workstations immediately clean and disinfected after each use _____
YES NO 18. Nail workstations immediately clean and disinfected after each use _____
YES NO 19. Esthetics workstations immediately clean and disinfected after each use _____
YES NO 20. Waste containers closed, labeled and emptied when full or at least daily _____
YES NO 21. Sinks clean and disinfected immediately after each use, no hair or soap scum _____
YES NO 22. Hand sanitizer or hand-washing facilities available for use _____
YES NO 23. Clean closed labeled containers to store only cleaned and disinfected implements and tools _____
YES NO 24. Clean closed labeled containers to store only clean towels _____
YES NO 25. Closed, labeled containers for soiled towels, linens, implements _____
YES NO 26. Hair tools new and/or clean and disinfected _____
YES NO 27. Wigs covering used to prevent direct contact of client's scalp or hair _____
YES NO 28. Clean cape used on each client or clean towel or neck strip if reusing a cape _____
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 trash after each use _____
YES NO 32. All products are clean, closed, and labeled correctly, includes wax _____
YES NO 33. Fluids, semifluid's, creams, and powders kept in clean, closed, labeled containers _____
YES NO 34. Items listed in 30. dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item _____
YES NO 35. Equipment for waxing hair removal services kept clean and disinfected _____
YES NO 36. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons) _____
YES NO 37. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container _____
YES NO 38. Home Salons – separate exit – separate from residential area _____
YES NO 39. Other laws and/or rules that apply (list) _____

E. Comments: Facilities look good. Thanks for all of the cleaning

F. Date: 12/6/2022 Time: 10:50am
Signature: _____ Inspector signature: Yancy Barber
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____
RECHECK Yancy Barber FAIL _____ PASS _____

Inspection Report

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217 W. Missouri Ave. Pierre, SD 57501
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A. SALON OR BOOTH NAME: Dear Nails
ADDRESS: _____ CITY: Watertown
OWNER NAME: _____ TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: _____ EXPIRATION DATE: _____

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)

<u>Tram Van Thao Lam</u>	Lic # <u>NT-15198-2023</u>	Expires: <u>8/25/2023</u>
<u>Hung Ngoc Nguyen</u>	Lic # <u>NT-14245-2023</u>	Expires: <u>2/2/2023</u>
<u>Anh Thu Bui</u>	Lic # <u>NT-11915-2023</u>	Expires: <u>6/10/2023</u>
<u>Trang Thi Huynh</u>	Lic # <u>NT-11748-2023</u>	Expires: <u>6/30/2023</u>

Use additional sheet if more space is needed.

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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 workstation 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. Prohibited Tools (20:42:04:04:03) _____
YES NO 11. Floors, walls, ceilings, fixtures, vents clean and in good repair _____
YES NO 12. Plumbing, hot/cold running water and central sewage system _____
YES NO 13. Electrical, appliance cords and outlets safe and in good repair _____
YES NO 14. Ventilation in work area _____
YES NO 15. Restroom, clean with disposable towels, liquid soap _____
YES NO 16. Storage cabinet or room for harmful supplies _____
YES NO 17. Hair workstations immediately clean and disinfected after each use _____
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YES NO 19. Esthetics workstations immediately clean and disinfected after each use _____
YES NO 20. Waste containers closed, labeled and emptied when full or at least daily _____
YES NO 21. Sinks clean and disinfected immediately after each use, no hair or soap scum _____
YES NO 22. Hand sanitizer or hand-washing facilities available for use _____
YES NO 23. Clean closed labeled containers to store only cleaned and disinfected implements and tools _____
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YES NO 33. Fluids, semifluid's, creams, and powders kept in clean, closed, labeled containers _____
YES NO 34. Items listed in 30. dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item _____
YES NO 35. Equipment for waxing hair removal services kept clean and disinfected _____
YES NO 36. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons) _____
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YES NO 39. Other laws and/or rules that apply (list) _____

E. Comments:

F. Date: _____ Time: _____
Signature: _____ Inspector signature _____
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____
RECHECK _____ FAIL _____ PASS _____

Inspection Report

4093
South Dakota Cosmetology Commission
217 W. Missouri Ave. Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

A.
SALON OR BOOTH NAME: Outer Nails
ADDRESS: _____ CITY: Watertown
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)

De Lue Bill
My My Bill
Jimmy Nguyen
Vu Huynh An Tran

Lic # NT-11920-2022 Expires: 12/31/2022
Lic # _____ Expires: _____
Lic # NT-12193-2023 Expires: 11/19/2023
Lic # _____ Expires: _____
Lic # NT-11762-2022 Expires: 12/18/2022
Lic # _____ Expires: _____
Lic # NT/5521-2023 Expires: 11/5/2023
Lic # _____ Expires: _____

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Signature: _____ Inspector signature _____
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RECHECK _____ FAIL _____ PASS _____