

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: Pro Nails II
ADDRESS: 5416 Arrowhead CITY: Sioux Falls
OWNER NAME: John Vu TELEPHONE NUMBER: 275-2225
SALON or BOOTH LICENSE NUMBER: NS-06357-22 EXPIRATION DATE: 3-2-22

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

C. List of Personal Licensees (first & last)

<u>Ann Vu</u>	Lic #	Expires:
	Lic # <u>NT-08287-22</u>	Expires: <u>6-29-22</u>
<u>John Vu</u>	Lic #	Expires:
	Lic # <u>NT-07430-22</u>	Expires: <u>4-4-22</u>
<u>Deja Ann Vu</u>	Lic #	Expires:
	Lic # <u>NT-15189-22</u>	Expires: <u>3-16-22</u>
	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
☒ 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
☒ 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:

F.
Date: 7-14-21 Time: 1:15
Signature: [Signature] Inspector signature: Mary Rasmeier
Licensee reviewed inspection report with Inspector YES NO (if "no" why not)

RECHECK

FAIL

PASS