

South Dakota Cosmetology Commission
500 E Capitol Ave Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

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

<i>Trang Hoang</i>	Lic # <i>971-08140-2022</i>	Expires: <i>9/20/2022</i>
<i>Vi Huu Hoang</i>	Lic # <i>477-06146-2022</i>	Expires: <i>3/14/2023</i>
	Lic # _____	Expires: _____
	Lic # _____	Expires: _____
	Lic # _____	Expires: _____
	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 *need to label* _____
- 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: 9/30/2021 Time: 2:35pm

Signature: [Signature] Inspector signature: Nancy Silber

Licensee reviewed inspection report with Inspector ☒ YES ☐ NO (if "no" why not) _____

RECHECK _____ **FAIL** _____ **PASS** _____