

Recheck PASS

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

A.
SALON OR BOOTH NAME: Sandra Scott Booth
ADDRESS: 3210 E 26th CITY: Liony Falls
OWNER NAME: Sandra Scott TELEPHONE NUMBER: 605 201-5674
SALON or BOOTH LICENSE NUMBER: CB-06340-90 EXPIRATION DATE: 4-3-23

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

[illegible]

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 no/ client

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:

F.

Date: 11-30-22 Time 10:20

Signature: Dan Scott Inspector signature Mary Rasmussen

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

RECHECK ☐ FAIL ☐ PASS ☒