

# 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: Sandra Johnson Booth

ADDRESS: 2101 W 41st CITY: Sioux Falls

OWNER NAME: Sandra Johnson TELEPHONE NUMBER: 613-7896

SALON or BOOTH LICENSE NUMBER: CB-06540-18 EXPIRATION DATE: 8-22-18

## 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. 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. Certified for microdermabrasion and/or electric nail files and/or other \_\_\_\_\_
- ☒ YES ☒ NO 3. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged \_\_\_\_\_
- ☒ YES ☒ NO 4. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures \_\_\_\_\_
- ☒ YES ☒ NO 5. Disinfecting agent(s) available at station \_\_\_\_\_
- ☒ YES ☒ NO 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements \_\_\_\_\_
- ☒ YES ☒ NO 7. Disinfectant container available (large enough) \_\_\_\_\_
- ☒ YES ☒ NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants \_\_\_\_\_
- ☒ YES ☒ NO 9. Clean closed containers - to store only cleaned or disinfected tools \_\_\_\_\_
- ☒ YES ☒ NO 10. Closed, labeled containers for soiled towels, linens, tools \_\_\_\_\_
- ☒ YES ☒ NO 11. Pedicure station and tools clean and disinfected after each use jet cover could not be removed when I removed - green residue
- ☒ YES ☒ NO 12. Floors clean (no hair or nail clippings) and in good repair \_\_\_\_\_
- ☒ YES ☒ NO 13. Walls, ceilings, fixtures, vents clean and in good repair \_\_\_\_\_
- ☒ YES ☒ NO 14. Plumbing, hot/cold running water and central sewage system \_\_\_\_\_
- ☒ YES ☒ NO 15. Electrical, appliance cords and outlets safe and in good repair adapter & cords
- ☒ YES ☒ NO 16. Ventilation in work area \_\_\_\_\_
- ☒ YES ☒ NO 17. Restroom, clean with disposable towels, liquid soap \_\_\_\_\_
- ☒ YES ☒ NO 18. Storage room or cabinet for harmful supplies \_\_\_\_\_
- ☒ YES ☒ NO 19. Hair work stations clean and disinfected hair - no personal items in with disinfected
- ☒ YES ☒ NO 20. Nail work stations clean and disinfected \_\_\_\_\_
- ☒ YES ☒ NO 21. Esthetics work stations clean and disinfected \_\_\_\_\_
- ☒ YES ☒ NO 22. Waste Containers emptied at least daily \_\_\_\_\_
- ☒ YES ☒ NO 23. Sinks clean and disinfected, no hair or soap scum \_\_\_\_\_
- ☒ YES ☒ NO 24. Hand sanitizer or hand-washing facilities available for use \_\_\_\_\_
- ☒ YES ☒ NO 25. Hair tools new and/or clean and disinfected \_\_\_\_\_
- ☒ YES ☒ NO 26. Nail tools new and/or clean and disinfected brushes left out, things on floor -
- ☒ YES ☒ NO 27. Esthetics tools new and/or clean and disinfected \_\_\_\_\_
- ☒ YES ☒ NO 28. All single-use items disposed after each use \_\_\_\_\_
- ☒ YES ☒ NO 29. All products are clean, closed, and labeled correctly, includes wax \_\_\_\_\_
- ☒ YES ☒ NO 30. Dispersal tools or equipment is used for products \_\_\_\_\_
- ☒ YES ☒ NO 31. Electrical equipment clean and disinfected (electric clippers, electric files or curling irons) hair on clippers
- ☒ YES ☒ NO 32. Attachments for electrical equipment clean and disinfected \_\_\_\_\_
- ☒ YES ☒ NO 33. Private Residences – separate exit – separate from residential area \_\_\_\_\_
- ☒ YES ☒ NO 34. Other laws and/or rules that apply (list ) \_\_\_\_\_

## D. List of Personal Licensees (first & last)

_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____

Use additional sheet if more space is needed.

## E. Comments:

I went through the problem areas with operator working.

## F.

Date: 9-6-17 Time \_\_\_\_\_

Signature: not present Inspector signature Mary Rasmussen  
Licensee reviewed inspection report with Inspector YES NO (if "no" why not)

RECHECK (FAIL) yellow form PASS \_\_\_\_\_