

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: Sandys Beauty Salon
ADDRESS: 812 E Cliff CITY: Sioux Falls
OWNER NAME: Sandra Escubia (maiden name) TELEPHONE NUMBER: 360-572-1771
SALON or BOOTH LICENSE NUMBER: CS-08755-20 EXPIRATION DATE: 12-6-20

B. TYPE OF SALON:

TYPE OF INSPECTION:

1. Salon
2. Cosmetology (all)
3. New

Booth Rental
Hair
Routine

Home
Esthetics
Re-Inspection

Limited
Nails
Investigation

Other _____

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 unlicensed worker
YES ☐ NO ☐ 2. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions _____
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 not closed
YES ☐ NO ☐ 7. Disinfectant container available (large enough) sorted - alot of contamination
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 closed containers for string sold
YES ☐ NO ☐ 10. Closed, labeled containers for soiled towels, linens, tools empties or barbed
YES ☐ NO ☐ 11. Pedicure station and tools clean and disinfected after each use _____
YES ☐ NO ☐ 12. Floors clean (no hair or nail clippings) and in good repair hair & droppings one station
YES ☐ NO ☐ 13. Walls, ceilings, fixtures, vents clean and in good repair _____
YES ☐ NO ☐ 14. Plumbing, hot/cold running water and central sewage system handle broke
YES ☐ NO ☐ 15. Electrical, appliance cords and outlets safe and in good repair _____
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 draws cannot have hair - no noggins
YES ☐ NO ☐ 20. Nail work stations clean and disinfected _____
YES ☐ NO ☐ 21. Esthetics work stations clean and disinfected draws
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 hair on shears - multiple
YES ☐ NO ☐ 26. Nail tools new and/or clean and disinfected _____
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
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)

<u>Sandra Escubia</u>	Lic # _____	Expires: _____
_____	Lic # <u>00-10542-19</u>	Expires: <u>10-16-19</u>
_____	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: Time na Esparza working without a license.
Husband present Louis Butierrez. - a reception desk - says he has
Please have Kelbey contact Sandra Escubia
barber license.

F. Signature: [Signature] Date: 7-12-19 Time: 6:15
Inspector signature: Mary Rasmussen / Nancy [Signature]
Licensee reviewed inspection report with Inspector YES ☒ NO (if "no" why not) _____

RECHECK _____ FAIL _____ PASS _____