Inspection Report

A.
SALON OR BOOTH NAME: _Sandep Beauty Salon_

ADDRESS: _812 S Cliff_   CITY: _Sioux Falls_

OWNER NAME: _Sandra Escutia_   TELEPHONE NUMBER: _360-572-1771_

SALON or BOOTH LICENSE NUMBER: _CP-08755-18_   EXPIRATION DATE: _3-6-18_

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

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 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 _____
(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 <u>only</u> 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 _____

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 _____
(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 _____
(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 _____
~~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) _____
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)

Name	Lic #	Expires
Sandra Escutia	_CO-10542-18_	_10-16-18_

Use additional sheet if more space is needed.

E. Comments:

F.

Signature: _____

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

Date: _2-27-18_   Time _11:35_

Inspector signature _Mary Rasmussen_

(RECHECK) _____   FAIL _____   (PASS)