| Wellow + Blue form. | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------|
| Inspection Rep | ort | 500 E Cap | ta Cosmetology Commission bitol Ave Pierre, SD 57501 3 cosmetology@state.sd.us |
| SALON OR BOOTH NAME: SUCCE SUCCE TO THE TOOLS | | | |
| ADDRESS: 240 2 Marfull Sta C CITY: Slever | | | |
| OWNER NAME: SOURCE ST | Chert | _ TELEPHONE NUM | |
| SALON or BOOTH LICENSE NUMBER: | -04561- | 20EXPIRATIO | N DATE: 1011 2029 |
| B. TYPE OF SALON: 1. Salon 2. Cosmetology (all 3. New | | Home Limited Esthetics Nails Re-Inspection Investi | Other |
| C. List of Personal Licensees (first & last) | Lic# | -12483- 5 | 20 Expires: 12/2/20 |
| <i>U</i> | Lic # | | Expires: |
| | Lic # | | Expires: |
| | Lic # | | Expires: |
| | Lic # | | Expires: |
| Use additional sheet if more space is needed. | LIC# | | Expires: |
| 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 Service | es Sign – Displayed | |
| YES NO 2. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged | | | |
| YES NO 5. Disinfectant available at each work station and includes manufacturer label | | | |
| YES NO 6. Disinfectant meets virucidal, fungicid | al, and bactericidal r | equirements | * |
| NO 7. Disinfectant container labeled, close NO 8. Disinfectant (if mixed) fresh, clean are | | | e all implements |
| YES NO 9. Pedicure spa and tools clean and dis | | | |
| YES NO 10. Floors, walls, ceilings, fixtures, vents clean and in good repair | | | |
| YES NO 11. Plumbing, hot/cold running water and YES NO 12. Electrical, appliance cords and outlets | central sewage syst | em | |
| YES NO 13. Ventilation in work area | | рап | |
| YES NO 14. Restroom, clean with disposable tower | | | |
| WES 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 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 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 of YES NO 27. Clean cape used on each client or cle | contact of client's sca an towel or neck stri | alp or hair p 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 | | | |
| TES NO 32. Fluids, semifluids, creams and powders kept in clean, closed, labeled containers | | | |
| YES NO 33. Items listed in 30. dispensed with a di- | sinfected spatula, sh | aker, pump, spray disp | penser or single-use item |
| YES NO 34. Equipment for waxing hair removal se YES NO 35. Electrical equipment clean and disinfe | rvices kept clean an | d disinfected | ectric files or curling irons) |
| TES NO 38. Electrical equipment dean and disfine TES NO 36. Attachments for electrical equipment of | clean and disinfected | and stored in a clean, | closed labeled container |
| YES NO 37. Home Salons – separate exit – separate from residential area | | | |
| 2000 in way - Clyppus and attachment in significant containers | | | |
| E. Comments: Description and attachments in significant Confainus When we have to be us a closed confainer, tweezers med to be in always confainer. | | | |
| F. Date: 11 1 2021 Time 4:500m | | | |
| Signature: Inspector signature And Market Licensee reviewed/inspection report with Inspector YES NO (if "no" why not) | | | |
| RECHECK FAIL Blue fullow PASS | | | |
| 294 100 | | | |
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