

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: South Grove Salon
ADDRESS: 130 N Sycamore CITY: Sioux Falls
OWNER NAME: Meadows on Sycamore TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CS-07296-18 EXPIRATION DATE: 6-20-18

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 duplicate for \$1 or license posted
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 Assisted Living
YES NO 5. Disinfecting agent(s) available at station I has one top of vanity.
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 not present - may be in
YES NO 9. Clean closed containers - to store only cleaned or disinfected tools North Salon - Gell not pres
YES NO 10. Closed, labeled containers for soiled towels, linens, tools closed container towels - lid full off
YES NO 11. Pedicure station and tools clean and disinfected after each use towels out
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 watch hair - little
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 nothing present - except pliers rods
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)

<u>Jill Kadenger</u>	Lic # <u>CO-02252-18</u>	Expires: <u>2-24-18</u>
_____	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: Spray disinfectant has to say all three on label
Viraside, fungicide, bacteria side - one @ station
OK for vanity but not shears, clippers & attachments.

F. KM Date: 8-1-17 Time: 10:50
Signature: not present Inspector signature: Mary Rasmussen
Licensee reviewed inspection report with Inspector YES NO (if "no" why not)

RECHECK

FAIL

PASS