

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: Taylor Ronke Booth
ADDRESS: 1017 SE 6th Ave CITY: Watertown
OWNER NAME: Taylor Ronke TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: CP-08058 EXPIRATION DATE: 8-16-16

B. TYPE OF SALON: ☒ 1. Salon ☒ Booth Rental ☐ Home ☐ Limited
TYPE OF INSPECTION: ☒ 2. Cosmetology (all) ☐ Hair ☐ Esthetics ☐ Nails ☐ Other _____
☒ 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 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 _____

☒ 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 don't store dirty shears w/ clean _____
☒ YES ☒ NO 26. Nail tools new and/or clean and disinfected brushes _____
☒ 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>Taylor Ronke</u>	Lic # <u>CP-12667-16</u>	Expires: <u>12-21-16</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:

F. Date: 6-1-16 Time: 2:15 pm
Signature: _____ Inspector signature: Loren Hester
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____

RECHECK _____ FAIL No disinfectant at station PASS _____

\$50.00 reinspection fee