

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: Jess Olsen Booth
ADDRESS: 600 S Minnesota CITY: Sioux Falls
OWNER NAME: Jess Olsen TELEPHONE NUMBER: 680-5891
SALON or BOOTH LICENSE NUMBER: CB - 08471-22 EXPIRATION DATE: 4-25-22

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. List of Personal Licensees (first & last)

	Lic #	Expires:
<u>Jess Olsen</u>	<u>CB - 1041-22</u>	<u>5-6-22</u>

Use additional sheet if more space is needed.

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 Services Sign – Displayed _____
~~YES~~ NO 2. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged _____
~~YES~~ NO 3. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures _____
~~YES~~ NO 4. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions _____
~~YES~~ NO 5. Disinfectant available at each work station and includes manufacturer label _____
~~YES~~ NO 6. Disinfectant meets virucidal, fungicidal, and bactericidal requirements _____
~~YES~~ NO 7. Disinfectant container labeled, closed and large enough to completely immerse all implements _____
~~YES~~ NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants _____
~~YES~~ NO 9. Pedicure spa and tools clean and disinfected immediately after each use _____

~~YES~~ NO 10. Floors, walls, ceilings, fixtures, vents clean and in good repair _____
~~YES~~ NO 11. Plumbing, hot/cold running water and central sewage system _____
~~YES~~ NO 12. Electrical, appliance cords and outlets safe and in good repair _____
~~YES~~ NO 13. Ventilation in work area _____
~~YES~~ NO 14. Restroom, clean with disposable towels, liquid soap _____
~~YES~~ NO 15. Storage cabinet or room for harmful supplies _____

~~YES~~ 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 19. Waste containers closed, labeled and emptied when full or at least daily _____
~~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 22. Clean closed labeled containers to store only cleaned and disinfected implements and tools _____
~~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 contact of client's scalp or hair _____
~~YES~~ NO 27. Clean cape used on each client or clean towel or neck strip 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 _____
~~YES~~ NO 30. All single-use items immediately disposed in trash after each use _____
~~YES~~ NO 31. All products are clean, closed, and labeled correctly, includes wax _____
~~YES~~ NO 32. Fluids, semifluids, creams and powders kept in clean, closed, labeled containers _____
~~YES~~ NO 33. Items listed in 30. dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item _____
~~YES~~ NO 34. Equipment for waxing hair removal services kept clean and disinfected _____
~~YES~~ NO 35. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons) _____
~~YES~~ NO 36. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container _____

~~YES~~ NO 37. Home Salons – separate exit – separate from residential area _____
~~YES~~ NO 38. Other laws and/or rules that apply (list) _____

E. Comments:

F.
Signature: _____ Date: 4-20-21 Time: 2:55
Inspector signature: Mary Rasmussen
Licensee reviewed inspection report with Inspector YES NO (if "no" why not) _____

RECHECK

FAIL

PASS