

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:

ADDRESS:

CITY:

OWNER NAME:

TELEPHONE NUMBER:

SALON or BOOTH LICENSE NUMBER:

EXPIRATION DATE:

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. List of Personal Licensees (first & last)

Christeen Schewerband

Lic #

CO-64760-2022

Expires:

6/10/2022

Jennifer Hanson

Lic #

CO-06661-2022

Expires:

7/12/2022

Jacy Buchen

Lic #

CO-08092-2021

Expires:

12/14/2021

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:

Christeen - needs to clean shears, clippers (lg) + all attachments.

Jennifer - needs to clean attachments.

Jacy - both clippers + attachments need cleaning - if you leave

clippers out they need covers on them.

F.

Date:

Time:

Signature:

Inspector signature:

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

RECHECK

FAIL

PASS