	MECHECK I						
Inspection F	Report	South Dakota Cosmetology Commission 217 W. Missouri Ave. Pierre, SD 57501 605-773-6193 cosmetology@state.sd.us					
A. SALON OR BOOTH NAME:	TOU Y Ca	U FYC Salon					
ADDRESS: 3300- 74	nave SE E	ty 112 CITY: USWaller					
OWNER NAME: THE YORK	aus Fy C	_ TELEPHONE NUMBER:					
SALON or BOOTH LICENSE NUMBER	1: <u>415-6737</u>	7- DEXERATION DATE: 9/21/2023					
B. TYPE OF SALON: 1. Salon 2. Cosmeto		Home Limited Esthetics Nails Other					
TYPE OF INSPECTION: 3. New		Re-Inspection Investigation					
C. List of Personal Licensees (first & last	Lic # 7/7-	-12411-2023 Expires: 5/4/2025					
Bang Van Duong	Lic # <u>477-</u>	12810 - 2023 Expires: 8/16/202					
Lic # 11-12811-2023 Expires: 4/19/202							
Lic # 17-12316-2023 Expires: 418 2023							
Use additional sheet if more space is needed.	Lic#	Expires:					
	YES is satisfactory NO is	s NOT satisfactory SDCL 36-15 ARSD 20:42					
YES NO 1. Current Licenses: Rules/Re							
	dhesive dressings, gloves, ar	ntiseptic, gauze, tape, blood spill procedures					
YES NO 4. Certified for Microdermabras YES NO 5. Disinfectant available at each	ch workstation and includes i	manufacturer label					
YES NO 6. Disinfectant meets virucidal YES NO 7. Disinfectant Container labe	eled, closed and large enoug	h to completely immerse all implements					
YES NO 8. Disinfectant (if mixed) fresh, YES NO 9. Pedicure Spa and tools clea YES NO 10. Prohibited Tools (20:42:04:	n and disinfected immediate						
YES NO 11. Floors, walls, ceilings, fixture	3	enair					
YES NO 12. Plumbing, hot/cold running w YES NO 13. Electrical, appliance cords ar	ater and central sewage sys	stem					
YES NO 14. Ventilation in work area YES NO 15. Restroom, clean with dispose							
YES NO 16. Storage cabinet or room for h	narmful supplies						
YES NO 17. Hair workstations immediatel YES NO 18. Nail workstations immediatel	y clean and disinfected after	each use					
YES NO 20. Waste containers closed, lab	eled and emptied when full of						
YES NO 22. Hand sanitizer or hand-wash	ing facilities available for use	no hair or soap scum					
YES NO 23. Clean closed labeled containers to store only cleaned and disinfected implements and tools							
YES NO 25. Closed, labeled containers for		ements					
YES NO 26. Hair tools new and/or clean a YES NO 27. Wigs covering used to prevent the second	nt direct contact of client's so	calp or hair					
YES NO 28. Clean cape used on each clied YES NO 29. Nail tools new and/or clean a YES NO 30. Esthetics tools new and/or cl	and disinfected Month						
YES NO 31. All single-use items immedia YES NO 32. All products are clean, closed	tely disposed in trash after e						
YES NO 33. Fluids, semifluid's, creams, a	and powders kept in clean, cl						
YES NO 35. Equipment for waxing hair re	moval services kept clean ar						
		ed and stored in a clean, closed labeled container					
YES NO 39 Other laws and/or rules that a	apply (list)	area					
E. Comments:  YELLANE DON'THE OWN	attachnunds	on gill					
year and so the sound of	•	$\mathcal{O}$					
F		introduce in the					
R.	Date: _	12/20/20 Time 13/50/1					
Signature: Inspector signature WWW MU Students of VES NO (if "no" why not)							
RECHECK	FAIL	PASS					

## **Inspection Report**

South Dakota Cosmetology Commission 217 W. Missouri Ave. Pierre, SD 57501 605-773-6193 cosmetology@state.sd.us

A. SALON OR BOOTH NAME:			9				
ADDRESS: CITY:							
	TELEPHONE NUMBER:						
SALON or BOOTH LICENSE NUMBER:	EXPIRATION DATE:						
2. Cosmetology (all) H	ooth Rental lair Routine	Home Esthetics Re-Inspection	Limited Nails Investigation	Other	, ,		
Use additional sheet if more space is needed.  D. During all working hours.  YES is satisf  YES NO 1. Current Licenses: Rules/Regulations, Unr  YES NO 2. Fire Extinguisher, ABC type, 5 lbs., easily  YES NO 3. First Aid Kit that contains adhesive dressir  YES NO 4. Certified for Microdermabrasion and/or Ele  YES NO 5. Disinfectant available at each workstation  YES NO 6. Disinfectant meets virucidal, fungicidal, an  YES NO 7. Disinfectant Container labeled, closed an  YES NO 8. Disinfectant (if mixed) fresh, clean, and free	regulated Sen accessible, c ngs, gloves, a ectric Nail File and includes ad bactericida d large enoug ee from conta	charged antiseptic, gauze, as and/or Eyelash manufacturer lab I requirements gh to completely i minants	Expensions pel mmerse all imple	pires: pires: pires: pires: pires: pires: procedures procedures ements			
YES NO 9. Pedicure Spa and tools clean and disinfected immediately after each use YES NO 10. Prohibited Tools (20:42:04:04:03)  YES NO 11. Floors, walls, ceilings, fixtures, vents clean and in good repair YES NO 12. Plumbing, hot/cold running water and central sewage system YES NO 13. Electrical, appliance cords and outlets safe and in good repair YES NO 14. Ventilation in work area YES NO 15. Restroom, clean with disposable towels, liquid soap YES NO 16. Storage cabinet or room for harmful supplies							
YES NO 17. Hair workstations immediately clean and disinfected after each use							
YES NO 26. Hair tools new and/or clean and disinfected YES NO 27. Wigs covering used to prevent direct contaryous NO 28. Clean cape used on each client or clean tools NO 29. Nail tools new and/or clean and disinfected YES NO 30. Esthetics tools new and/or clean and disinfected YES NO 31. All single-use items immediately disposed in YES NO 32. All products are clean, closed, and labeled YES NO 33. Fluids, semifluid's, creams, and powders key YES NO 34. Items listed in 30. dispensed with a disinfect YES NO 35. Equipment for waxing hair removal services YES NO 36. Electrical equipment clean and disinfected YES NO 37. Attachments for electrical equipment clean	ct of client's s wel or neck si  ected in trash after e correctly, incl ept in clean, o cted spatula, s s kept clean a after each se and disinfecte	each use ludes wax losed, labeled coshaker, pump, sp and disinfected rvice (electric clip ed and stored in a	entainers ray dispenser or pers, electric file a clean, closed la	single-use iten s or curling iron abeled containe	n		
YES NO 38. Home Salons – separate exit – separate from residential area							
F.	Date: _			_ Time			
Signature: Inspector signature Licensee reviewed inspection report with Inspector YES NO (if "no" why not)							
RECHECK FAIL PASS							