

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: Type Toe Nail Salon
ADDRESS: 3307 7th Ave SE CITY: Aberdeen
OWNER NAME: Inc TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: NS-07377 EXPIRATION DATE: 9-27-17

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 _____
☒ 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 band left on elec. file

☒ 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)

yes no	Lic #	Expires:
yes	<u>Thong Chi Le</u>	<u>NT-12609-18</u>
no	<u>Kim Pham</u>	<u>6-20-18</u>
yes	<u>Hung Nguyen</u>	<u>NT-12703-17</u>
yes	<u>Lily Nguyen</u>	<u>6-8-17</u>
no	<u>Binh Duong</u>	<u>NT-12377-18</u>
no	<u>Bang Van Duong</u>	<u>Expires: 4-19-18</u>
yes	<u>Calvin Luong</u>	<u>NT-12485-18</u>
yes	<u>Tuan Anh Nguyen</u>	<u>Expires: 5-25-18</u>
yes	<u>Nhung Nguyen</u>	<u>CO-13274-17</u>
		<u>Expires: 10-6-17</u>
		<u>NT-12810-17</u>
		<u>Expires: 8-16-17</u>
		<u>NT-12376-18</u>
		<u>Expires: 4-8-18</u>
		<u>NT-12452-17</u>
		<u>Expires: 10-20-17</u>
		<u>NT-12608-18</u>
		<u>Expires: 6-11-18</u>

Use additional sheet if more space is needed.

E. Comments:

Nhung Nguyen - NT-12411 - 5-4-17 no longer here
Same name as NT-12608-18

F.
Date: 5-31-17 Time: 4:15 pm
Signature: [Signature] Inspector signature: Karen Dossell
Licensee reviewed inspection report with Inspector ☒ YES ☐ NO (if "no" why not) _____

RECHECK

FAIL

PASS