Inspection Report

A.

SALON OR BOOTH NAME: Alyce Salon Spa

ADDRESS: 720 W 40th

CITY: Sioux Falls

OWNER NAME: Shawn Mark

TELEPHONE NUMBER: 681-3939

SALON or BOOTH LICENSE NUMBER: 68-027216

EXPIRATION DATE: 9/30/16

B. TYPE OF SALON:

1. Salon

2. Cosmetology (all)

3. New

TYPE OF INSPECTION:

1. Salon

2. Booth Rental

3. Home

4. Limited

5. Routine

6. Re-Inspection

7. 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

2. Certified for microdermabrasion and/or electric nail files and/or other

3. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged

4. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures

5. Disinfecting agent(s) available at station

6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements

7. Disinfectant container available (large enough)

8. Disinfectant (if mixed) fresh, clean and free from contaminants

9. Clean closed containers - to store only cleaned or disinfected tools

10. Closed containers for soiled towels, linens, tools

11. Pedicure station and tools clean and disinfected after each use

12. Floors clean (no hair or nail clippings) and in good repair

13. Walls, ceilings, fixtures, vents clean and in good repair

14. Plumbing, hot/cold running water and central sewage system

15. Electrical, appliance cords and outlets safe and in good repair

16. Ventilation in work area

17. Restroom, clean with disposable towels, liquid soap

18. Storage room or cabinet for harmful supplies

19. Hair work stations clean and disinfected

20. Nail work stations clean and disinfected

21. Esthetics work stations clean and disinfected

22. Waste Containers emptied at least daily

23. Sinks clean and disinfected, no hair or soap scum

24. Hand sanitizer or hand-washing facilities available for use

25. Hair tools new and/or clean and disinfected

26. Nail tools new and/or clean and disinfected

27. Esthetics tools new and/or clean and disinfected

28. All single-use items disposed after each use

29. All products are clean, closed, and labeled correctly, includes wax

30. Dispersal tools or equipment used for products

31. Electrical equipment clean and disinfected (electric clippers, electric files or curling irons)

32. Attachments for electrical equipment clean and disinfected

33. Private Residences – separate exit – separate from residential area

34. Other laws and/or rules that apply (list)

D. List of Personal Licensees (first & last)

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<th>Lic #</th>
<th>Expires</th>
<th>Name</th>
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<td>60-67535-16</td>
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E. Comments:

Most stations were very good - a few stations needed work.

F.

Date: 5-15-16

Time: 1:30

Signature: [Signature]

Inspector signature: [Signature]

FINDING: YES / NO (if "no" why not)

RECHECK: PASS / FAIL

Signature: [Signature]

License reviewed inspection report with Inspector: YES / NO (if "no" why not)

Inspection Report

A. SALON OR BOOTH NAME: [Name]
ADDRESS: [Address]
CITY: [City]
OWNER NAME: [Owner Name]
TELEPHONE NUMBER: [Phone Number]
Salon or Booth License Number: [Number]
Expiry Date: [Date]

B. TYPE OF SALON:
1. Salon
2. Cosmetology (all)
3. New

TYPE OF INSPECTION:
1. Booth Rental
2. Home
3. Limited
4. Other

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 materials
YES NO 3. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged
YES NO 4. First aid kit that contains adhesive dressings, gloves, antiseptic, tape, blood spill procedures
YES NO 5. Disinfectant 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. Pluming, 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. Dispensary 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)

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E. Comments:

F. Date: [Date] Time: [Time]

Signature: [Signature]
Inspector Signature: [Signature]
Licensee reviewed inspection report with Inspector YES NO (if no why not)

RECHECK _____ FAIL _____ PASS _____