# Inspection Report

**A.**

**SALON OR BOOTH NAME:**  
**ADDRESS:**  
**CITY:**  
**OWNER NAME:**  
**TELEPHONE NUMBER:**  
**SALON or BOOTH LICENSE NUMBER:**  
**EXPIRATION DATE:**

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**B.**

**TYPE OF SALON:**

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salon</td>
<td>Booth Rental</td>
<td>Home Limited</td>
</tr>
</tbody>
</table>

**TYPE OF INSPECTION:**

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
<th>10.</th>
<th>11.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetology (all)</td>
<td>Hair</td>
<td>Esthetics</td>
<td>Nails</td>
<td>Other</td>
<td>Round</td>
<td>Re-Inspection</td>
<td>Investigation</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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**C.**

**DURING ALL WORKING HOURS:**  
**YES** is satisfactory  
**NO** is NOT satisfactory  
**SDCL 36-15**  
**ARSD 20:42**

- YES 1. Current licenses; Rules/Regulations, Unregulated Services Sign - Displayed
- YES 2. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions
- YES 3. Fire Extinguisher, ABC type, 5 lbs, easily accessible, charged
- YES 4. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures
- YES 5. Disinfecting agent(s) available at station
- YES 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements
- YES 7. Disinfectant container available (large enough)
- YES 8. Disinfectant (if mixed) fresh, clean and free from contaminants
- YES 9. Clean closed containers - to store only cleaned or disinfected tools
- YES 10. Closed, labeled containers for soiled towels, linens, tools
- YES 11. Pedicure station and tools clean and disinfected after each use
- YES 12. Floors clean (no hair or nail clippings) and in good repair
- YES 13. Walls, ceilings, fixtures, vents clean and in good repair
- YES 14. Plumbing, hot and running water and central sewage system
- YES 15. Electrical, appliance cords and outlets safe and in good repair
- YES 16. Ventilation in work area
- YES 17. Restroom, clean with disposable towels, liquid soap
- YES 18. Storage room or cabinet for harmful supplies
- YES 19. Hair work stations clean and disinfected
- YES 20. Nail work stations clean and disinfected
- YES 21. Esthetics work stations clean and disinfected
- YES 22. Waste Containers emptied at least daily
- YES 23. Sinks clean and disinfected, no hair or soap scum
- YES 24. Hand sanitizer or hand washing facilities available for use
- YES 25. Hair tools new and/or clean and disinfected
- YES 26. Nail tools new and/or clean and disinfected
- YES 27. Esthetics tools new and/or clean and disinfected
- YES 28. All single-use items disposed after each use
- YES 29. All products are clean, closed, and labeled correctly, includes wax
- YES 30. Dispensers tools or equipment is used for products
- YES 31. Electrical equipment clean and disinfected (electric clippers, electric files or cutting tools)
- YES 32. Attachments for electrical equipment clean and disinfected
- YES 33. Private Residences - separate exit - separate from residential area
- YES 34. Other laws and/or rules that apply (list)

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**D.** 

**List of Personal Licensees (first & last)**

<table>
<thead>
<tr>
<th>Lic #</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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**E.**

**Comments:**

**Signature:**

**Date:**

**Time:**

**Licensee reviewed inspection report with Inspector**

**Inspector signature**

**RECHECK:**

**FAIL:**

**PASS:**

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**Started:** 1/1/2007  
**Rev:** 1/1/2008, Rev: 1/4/2013  
**Rev:** 7/6/2017