**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:**  
B.  
C.  
D.  

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

**TYPE OF INSPECTION:**  
1. Booth Rental  
2. Home  
3. Esthetics  
4. Limited Nails  
5. Other  

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**C. During all working hours.**  
YES is satisfactory  
NO is NOT satisfactory  

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

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

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<th>Lic #</th>
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**Use additional sheet if more space is needed.**

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**E. Comments:**

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**F.**  
**Date:** 10/13/2019  
**Time:** 4:10

**Signature: [Signature]  
Licensee reviewed inspection report with Inspector **YES [/NO] (If "no" why not)**

**RECHECK  
FAIL  
PASS**

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**Inspector:** [Signature]  
**Date:** 10/13/2019  
**Time:** 4:10

**Signature:** [Signature]  
**Date:** 10/13/2019  
**Time:** 4:10

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**Signature:** [Signature]  
**Date:** 10/13/2019  
**Time:** 4:10

**Signature:** [Signature]  
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