## 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: **Luxury Nails Salon & Spa**  
### B. ADDRESS:  
### CITY: **Aberdeen**  
### OWNER NAME: **Johnny Nu**  
### TELEPHONE NUMBER: **605-848-0852**  
### SALON OR BOOTH LICENSE NUMBER:  
### EXPIRATION DATE: **5/15/2022**

### B. TYPE OF SALON:  
1. Salon  
2. Cosmetology (all)  
3. New  
4. Booth Rental  
5. Home Esthetics  
6. Hair Routine  
7. Limited Nails  
8. Re-Inspection  
9. Investigation  
10. Other

### C. List of Personal Licenses (first & last)

<table>
<thead>
<tr>
<th>License #</th>
<th>Expiration Date</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>YH-114366-0822</td>
<td>10/15/2022</td>
<td>Ngoc Truong Vu</td>
</tr>
<tr>
<td>YH-114366-0822</td>
<td>11/15/2022</td>
<td>Truong Vu</td>
</tr>
</tbody>
</table>

Use additional sheet if more space is needed.

### D. 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. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged  
- [YES] NO 3. Fire extinguisher contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures  
- [YES] NO 4. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions  
- [YES] NO 5. Disinfectant available at each work station and includes manufacturer label  
- [YES] NO 6. Disinfectant meets virucidal, fungicidal, and bactericidal requirements  
- [YES] NO 7. Disinfectant container labeled, closed and large enough to completely immerse all implements  
- [YES] NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants  
- [YES] NO 9. Pedicure spa and tools clean and disinfected immediately after each use  
- [YES] NO 10. Floors, walls, ceilings, fixtures, vents clean and in good repair  
- [YES] NO 11. Plumbing, hot/cold running water and central sewage system  
- [YES] NO 12. Electrical, appliance cords and outlets safe and in good repair  
- [YES] NO 13. Ventilation in work area  
- [YES] NO 14. Restroom, clean with disposable towels, liquid soap  
- [YES] NO 15. Storage cabinet or room for harmful supplies  
- [YES] NO 16. Hair work stations immediately clean and disinfected after each use  
- [YES] NO 17. Esthetics work stations immediately clean and disinfected after each use  
- [YES] NO 18. Hair work stations immediately clean and disinfected after each use  
- [YES] NO 19. Waste containers closed, labeled and emptied when full or at least daily  
- [YES] NO 20. Sinks clean and disinfected immediately after each use, no hair or soap scum  
- [YES] NO 21. Hand sanitizer or hand-washing facilities available for use  
- [YES] NO 22. Clean closed labeled containers to store only cleaned and disinfected implements and tools  
- [YES] NO 23. Clean closed labeled containers to store only clean towels  
- [YES] NO 24. Closed, labeled containers for soiled towels, linens, implements  
- [YES] NO 25. Hair tools new and/or clean and disinfected  
- [YES] NO 26. Wigs covering used to prevent direct contact of client’s scalp or hair  
- [YES] NO 27. Clean cape used on each client or clean towel or neck strip covering a cape  
- [YES] NO 28. Nail tools new and/or clean and disinfected  
- [YES] NO 29. Esthetics tools new and/or clean and disinfected  
- [YES] NO 30. All single-use items immediately disposed in trash after each use  
- [YES] NO 31. All products are clean, closed, and labeled correctly, includes wax  
- [YES] NO 32. Fluids, semihydrates, creams and powders kept in clean, closed, labeled containers  
- [YES] NO 33. Items listed in 30, dispensed with a disinfected spatula, shaker, pump, spray dispenser or single-use item  
- [YES] NO 34. Equipment for waxing hair removal services kept clean and disinfected  
- [YES] NO 35. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons)  
- [YES] NO 36. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container  
- [YES] NO 37. Home Salons – separate exit – separate from residential area  
- [YES] NO 38. Other laws and/or rules that apply (list )

### E. Comments:  
Electric files need cleaning after each use. Please don’t mix paper goods with tools.

### F.  
**Date:** 1/1/2008  
**Time:** 10:50am  
**Inspector Signature:**  
**Licensee Reviewed Inspection Report With Inspector:** **YES**  
**RECHECK**  
**FAIL**  
**SIGNATURE:**  
**PASS**
A. **Inspection Report**

**South Dakota Cosmetology Commission**

500 E Capitol Ave, Pierre, SD 57501

605-773-6193, cosmetology@state.sd.us

**A. SALON OR BOOTHE NAME:**

Sassy Nails

**B. ADDRESS:**

315 W 7th Ave

**C. CITY:**

Sioux Falls

**D. TELEPHONE NUMBER:**

**E. OWNER NAME:**

**Salon or Booth License Number:** 45-19884-0289

**EXPIRATION DATE:**

**B. TYPE OF SALON:**

1. Salon
2. Cosmetology (all)
3. New

**TYPE OF INSPECTION:**

1. Booth Rental
2. Re-Inspection
3. Home Limited
4. Esthetics
5. Nails
6. Investigation
7. Other

**Use additional sheet if more space is needed.**

**C. List of Personal Licensees (first & last) with Lic # and expiration dates:**

<table>
<thead>
<tr>
<th>Licensee Name</th>
<th>Lic #</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnny Kim</td>
<td>417-10135-3022</td>
<td>01/18/2022</td>
</tr>
<tr>
<td>Grace Chen</td>
<td>417-10135-3022</td>
<td>01/18/2022</td>
</tr>
<tr>
<td>Michael Smith</td>
<td>417-10135-3022</td>
<td>01/18/2022</td>
</tr>
<tr>
<td>Backyunh Kim</td>
<td>417-10135-3022</td>
<td>01/18/2022</td>
</tr>
</tbody>
</table>

**D. 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. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged**

**YES NO 3. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures**

**YES NO 4. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions**

**YES NO 5. Disinfectant available at each work station and includes manufacturer label**

**YES NO 6. Disinfectant meets virucidal, fungicidal, and bactericidal requirements**

**YES NO 7. Disinfectant container labeled, closed and large enough to completely immerse all implements**

**YES NO 8. Disinfectant (if mixed) fresh, clean, and free from contaminants**

**YES NO 9. Pedicure spa and tools clean and disinfected immediately after each use**

**YES NO 10. Floors, walls, ceilings, fixtures, vents clean and in good repair**

**YES NO 11. Plumbing, hot/cold running water and central sewage system**

**YES NO 12. Electrical, appliance cords and outlets safe and in good repair**

**YES NO 13. Ventilation in work area**

**YES NO 14. Restroom, clean with disposable towels, liquid soap**

**YES NO 15. Storage cabinet or room for harmful supplies**

**YES NO 16. Hair work stations immediately clean and disinfected after each use**

**YES NO 17. Nail work stations immediately clean and disinfected after each use**

**YES NO 18. Esthetics work stations immediately clean and disinfected after each use**

**YES NO 19. Waste containers closed, labeled and emptied when full or at least daily**

**YES NO 20. Sinks clean and disinfected immediately after each use, no hair or soap scum**

**YES NO 21. Hand sanitizer or hand-washing facilities available for use**

**YES NO 22. Clean closed labeled containers to store only cleaned and disinfected implements and tools**

**YES NO 23. Clean close labeled containers to store only clean towels**

**YES NO 24. Closed, labeled containers for soiled towels, linens, implements**

**YES NO 25. Hair tools new and/or clean and disinfected**

**YES NO 26. Wigs covering used to prevent direct contact of client’s scalp or hair**

**YES NO 27. Clean cape used on each client or clean towel or neck strip if reused a cape**

**YES NO 28. Nail tools new and/or clean and disinfected**

**YES NO 29. Esthetics tools new and/or clean and disinfected**

**YES NO 30. All single-use items immediately disposed in trash after each use**

**YES NO 31. All products are clean, closed, and labeled correctly, includes wax**

**YES NO 32. Fluids, semifluids, creams and powders kept in clean, closed, labeled containers**

**YES NO 33. Items listed in 30. disposed with a disinfected spatula, shaker, pump, spray dispenser or single-use item**

**YES NO 34. Equipment for waxing hair removal services kept clean and disinfected**

**YES NO 35. Electrical equipment clean and disinfected after each service (electric clippers, electric files or curling irons)**

**YES NO 36. Attachments for electrical equipment clean and disinfected and stored in a clean, closed labeled container**

**YES NO 37. Home Salons – separate exit – separate from residential area**

**YES NO 38. Other laws and/or rules that apply (list )**

**E. Comments:**

**F.**

**Signature:**

**Date:**

**Time:**

**Inspector signature:**

**Licensee reviewed inspection report with Inspector:**

**YES**  **NO (If “no” why not):**

**RECHECK**

**FAIL**  **PASS**

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Inspection Report

South Dakota Cosmetology Commission
500 E Capitol Ave, Pierre, SD 57509
605-773-6193 cosmetology@state.sd.us

A. SALON OR BOOTH NAME: Nancy's Nails Salon 2002
ADDRESS: 3828 4th Ave
CITY: Brookings
OWNER NAME: 
TELEPHONE NUMBER: 605-388-4-5000
SALON OR BOOTH LICENSE NUMBER: S-08884-A-2000
EXPIRATION DATE: 5/1/2002

B. TYPE OF SALON:
1. Salon 
2. Cosmetology (all) 
3. New 
4. Booth Rental 
5. Hair 
6. Home Esthetics 
7. Limited 
8. Nails 
9. Routine 
10. Re-Inspection 
11. Investigation 
Other ______

B. LIST OF PERSONAL LICENSEES (FIRST & LAST)

Name: Huy Du Nguyen
Name: Nguyen Kim
Lic # 17-14853-2000 Expires: 
Lic # 17-14853-2000 Expires: 
Lic # 17-14853-2000 Expires: 
Lic # 17-14853-2000 Expires: 
Lic # 17-14853-2000 Expires: 

Use additional sheet if more space is needed.

D. DURING ALL WORKING HOURS
YES is satisfactory NO is NOT satisfactory

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Signature: 
Date: 
Time: 
Inspector signature: 
Licensee reviewed inspection report with Inspector: YES NO (if “no” why not).

RECHECK FAIL PASS