**inspection report**

A. 
**Salon or Booth Name:** Muselle Craig Booth  
**Address:** 2425 Hardy Ave  
**City:** Sioux Falls  
**Owner Name:** Muselle Craig  
**Telephone Number:**  
**Salon or Booth License Number:**  
**Expiration Date:**  

B. 
**Type of Salon:** 1. Salon  
2. Cosmetology  
3. New  
**Type of Inspection:**  
- Booth Rental  
- Home  
- Limited  
- Routine  
- Inspections  
- Other  

C. 
**During all working hours.**  
**Yes** is satisfactory  
**No** is NOT satisfactory  
**SDCL 36-15  ARSD 20:42**  

- **Yes NO 1.** Current license; 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, fungal, and bacteriociplai 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 stations 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  

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Lic #</th>
<th>Expiry</th>
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<tbody>
<tr>
<td>Muselle Craig</td>
<td>#</td>
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Use additional sheet if more space is needed.

E. 
**Comments:**

F.  
**Date:** 5/28/16  
**Time:** 13:07  
**Signature:**  
**Licensee reviewed inspection report with Inspector:** YES  
**Inspector signature:**  
**RECHECK**  
**FAIL**  
**PASS**