**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:**

**ADDRESS:** 5209 3rd Ave
**CITY:** Sioux Falls

**OWNER NAME:**
**TELEPHONE NUMBER:** 271-7120

**B. TYPE OF SALON:**

1. Salon
2. Booth Rental
3. Cosmetology (all)
4. Home Health aides
5. Nails
6. Other

**TYPE OF INSPECTION:**

1. New
2. Re-Inspection
3. Routine
4. Other

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

**YES/NO 1. Current licenses; Rules/Regulations, Unregulated Services Sign - Displayed**

**YES/NO 2. Certified for microdermabrasion and/or electric nail files and 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, 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. 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. Dispensers 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)**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Lic #</th>
<th>Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Agnew</td>
<td>AIT-12345-16</td>
<td>Expires: 12/31/2016</td>
</tr>
<tr>
<td>John Doe</td>
<td>AIT-67890-12</td>
<td>Expires: 6/30/2012</td>
</tr>
</tbody>
</table>

Use additional sheet if more space is needed.

**E. Comments:**

- Tila - need to keep picture out below deck or someplace a name can't be written with all the requests. Inspectors' signatures above you!

**F.**

**Signature:**

**Date:** 1-30-16
**Time:** 1:20

License reviewed inspection report with Inspector: YES

Inspector signature: [Signature]

NO (if "no" why not)

RECHECK: [Signature]  FAIL  PASS  