Inspection Report

A. SALON OR BOOTH NAME: Rivulahua Salon
   ADDRESS: 2101 W 41/2
   CITY: Sioux Falls
   OWNER NAME: Kristi Lawton
   TELEPHONE NUMBER: 254-2001
   SALON or BOOTH LICENSE NUMBER: 05-05948-18
   EXPIRATION DATE: 2-18

B. TYPE OF SALON: 1. Salon
   2. Cosmetology (all)
   3. New
   TYPE OF INSPECTION: 1. Routine
   2. Re-inspection
   3. 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 microdermabraison 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, 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. 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
   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>Expires:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristi Lawton</td>
<td>60-05948-18</td>
<td>9-14-18</td>
</tr>
</tbody>
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Use additional sheet if more space is needed.

E. Comments:

F. Signature: [Signature]
   Date: 9-26-17
   Time: 10:15
   Licensee reviewed Inspection report with Inspector
   YES

   Inspector signature: [Signature]

   RECHECK PASS

   NO (if "no" why not)