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: Trendz Nails Spa
ADDRESS: 289 N Dakota Ave CITY: Huron
OWNER NAME: Gladakah Shiley
TELEPHONE NUMBER: 605-488-0391 EXPIRATION DATE: 7/1/2021

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

TYPE OF INSPECTION: 1. New
2. Routine
3. Other

C. List of Personal Licensees (first & last):
Lic # Expires:
Lic # Expires:
Lic # Expires:
Lic # Expires:
Lic # Expires:
Lic # Expires:
Lic # Expires:

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. 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, closed, labeled containers to store only clean towels and/or linens ______

YES NO 24. Closed, labeled containers for soiled towels, linens, implements and tools ______

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 reusing 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, semiliquids, 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 dippers, 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. Date: 1/8/2021 Time: 12:30pm

Signature: Inspector signature: 
Licensee reviewed inspection report with Inspector YES NO (if "no" why not)

RECHECK FAIL PASS

JAN 1 2 2021