

Inspection Report

South Dakota Cosmetology Commission
217 W. Missouri Pierre, SD 57501
605-773-6193 cosmetology@state.sd.us

A.
SALON OR BOOTH NAME: _____
ADDRESS: _____ CITY: _____
OWNER NAME: _____ TELEPHONE NUMBER: _____
SALON or BOOTH LICENSE NUMBER: _____ EXPIRATION DATE: _____

B. TYPE OF SALON:	1. Salon	Booth Rental	Home	Limited	
TYPE OF INSPECTION:	2. Cosmetology (all)	Hair	Esthetics	Nails	Other _____
	3. New	Routine	Re-Inspection	Investigation	

C. List of Personal Licensees (first & last)

_____	Lic # _____	Expires: _____
_____	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 _____
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 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, semifluids, 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:

F.
Date: _____ **Time** _____
Signature: _____ **Inspector signature** _____
Licensee reviewed inspection report with Inspector **YES** **NO** (if "no" why not) _____
RECHECK _____ **FAIL** _____ **PASS** _____