

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 266-2264
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

☐ CITATION DOE CASE FILE #	<u>07BAC056</u>	☒ FINAL DECISION AND ORDER LS # <u>07091017BAC</u>
☐ Individual Credential Holder Name License #	OR	☒ Establishment Name License # <u>Prairie Barbervs</u> <u>80-18666</u>

Street 108 W main St. City Sun Prairie Zip _____

Day of Week Thursday Date 5-3-07 Time 2:05pm

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

No topical skin disinfectant.
Gave copy of blood protocol to post.

In violation of Section 2.06(2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Investigative Staff [Signature] Title Investigator Date 5-3-07

Signature of ☐ Licensee OR ☐ Establishment Owner Date _____

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 130.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

Jessie M Bush
9-10-07

Wisconsin Department of Regulation & Licensing

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

☒ CITATION DOE CASE FILE # <u>07 BAC 028</u>	☒ FINAL DECISION AND ORDER LS # <u>07091018 BAC</u>
☐ Individual Credential Holder Name License # _____	☒ Establishment Name License # <u>BEST NAILS</u> <u>71-2452</u>

Street 79 EAST TOWN MALL City MADISON Zip 53704
Day of Week TUE Date 5/8/07 Time 12:30 pm

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

01 PERSONAL DIRECT OBSERVATION FOUND THE WORKSTATION COUNTERTOPS
NOT CLEAN WITH NAIL DUST ON COUNTERTOPS THIS WAS FOUND BY WIPING MY
HAND OVER COUNTERTOP & HAVING MY HAND COVERED WITH WHITE DUST. ALSO,
PEDICURE BASINS WITH ORGANIC MATTER BEHIND FILTER SCREENS. PEDICURE
STATIONS NOT CLEAN.

In violation of Section 13C 4.01(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Signature of Investigative Staff [Signature] Title INVESTIGATOR Date 5/9/07

Signature of ☐ Licensee OR ☐ Establishment Owner Date

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Jeannie M Bush
9-10-07