

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

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>07 BAC 087</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>07091062BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>71-2751</u>

<u>309 EAST TOWNE MALL</u> Street	<u>MADISON</u> City	<u>53704</u> Zip
<u>TUESDAY</u> Day of Week	<u>5/8/07</u> Date	<u>10:30</u> Time

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

BY PERSONAL OBSERVATION, I FOUND WORKSTATION TOPS DIRTY WITH NAIL DUST,
DRAWERS WHERE "CLEAN" IMPLEMENTS WERE STORED, THE DRAWERS WERE VERY
DIRTY WITH MUCH ACCUMULATED NAIL DUST, & THE PEDICURE FOOT BATH STATION WERE
DIRTY AND THERE WAS ORGANIC MATTER TRAPPED BEHIND THE FILTER SCREENS.
(PEDICURE STATION - 2ND NOTICE & VIOLATION)

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

<u>Danisha M. Givens</u> Signature of Investigative Staff	<u>INVESTIGATOR</u> Title	<u>5/9/07</u> Date
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Signature of	<input type="checkbox"/> Licensee	OR	<input type="checkbox"/> Establishment Owner	Date
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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 \$ 205.00 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.

Jeanie M Bush
9-10-07

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input type="checkbox"/> CITATION DOE CASE FILE #	<u>07BAC087</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>07091062 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License #	OR	<input checked="" type="checkbox"/> Establishment Name License # <u>NAILS & SPA</u> <u>71-2751</u>

<u>309 EAST TOWNE MALL</u>	<u>MADISON</u>	<u>53704</u>
Street	City	Zip
<u>TUESDAY</u>	<u>5/8/07</u>	<u>10:30 AM</u>
Day of Week	Date	Time

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

IT WAS PERSONALLY OBSERVED THAT MANICURE IMPLEMENTS THAT COULD NOT BE
CLEANED OF ALL ORGANIC MATERIAL & DISINFECTED, I.E. BUFFERS & EMBRY BOARDS
WERE NOT BEING DISPOSED OF AFTER USE ON A CUSTOMER & BEING REUSED, BUFFERS
& EMBRY BOARDS THAT HAD BEEN OBVIOUSLY USED MANY TIMES WERE FOUND IN WORKSTATION
DRAWERS. (2ND VIOLATION & NOTICE)

In violation of Section BC 4.10(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

<u>Danilo M. [Signature]</u>	<u>INVESTIGATOR</u>	<u>5/9/07</u>
Signature of Investigative Staff	Title	Date

Signature of	<input type="checkbox"/> Licensee	OR	<input type="checkbox"/> Establishment Owner	Date
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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 \$ 530.00 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.

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<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>71-2751</u>
<u>NAILS & SPA</u>	

309 EAST TOWN MALL, MADISON 53704
Street City Zip
TUE 5/8/07 10:30 am
Day of Week Date Time

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

DISINFECTANT USED FOR DECONTAMINATION (BARBICIDE) WAS FOUND NOT
BEING CHANGED DAILY AS REQUIRED. MAN STATED THAT THEY CHANGED
BARBICIDE ONCE EVERY TWO WEEKS.

In violation of Section BC 4.10 (2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Douglas M. Austin INVESTIGATOR 5/9/07
Signature of Investigative Staff Title Date

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 \$ 250.00 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.

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