

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
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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>08 BAC 219</u>	☒ FINAL DECISION AND ORDER LS # <u>09020228 BAC</u>
☒ Individual Credential Holder Name <u>FRANCIS PETERS</u> License # <u>81-22684</u>	☐ Establishment Name <u>PETERS SHEAR N COMB</u> License # _____

Street 912 FRONTAGE RD. City PESHTIGO Zip 54157
Day of Week TUESDAY Date 7/15/08 Time 11:00 am APPROX

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

LOOSE, CLIPPED HAIR FOUND IN BOTTOM OF A "CLEAN" IMPLEMENT
DRAWER, THEREBY CAUSING CROSS-CONTAMINATION WHEN CLEAN IMPLEMENTS
WERE PLACED IN DRAWER.

In violation of Section BC 4.01 (1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Douglas M. Austin INVESTIGATOR 7/22/08
Signature of Investigative Staff Title Date
Francis J. Peters 7-26-08
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.

Jeannie M. Bush
2-2-09

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<u>FRANCIS PETERS</u> ☒ Individual Credential Holder Name License # <u>81-22684</u>	<u>PETES SHBAR N COMB</u> ☐ Establishment Name License # _____

Street 912 FRONTAGE RD. City PRESHT40 Zip 54157
Day of Week TUESDAY Date 7/15/08 Time 11:00 am approx

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

DISINFECTANT USED FOR DECONTAMINATION WAS NOT BEING CHANGED ON
A DAILY BASIS. OWNER STATED HE CHANGED HIS DISINFECTANT TWICE
A WEEK, ~~TUESDAY~~ MONDAY & THURSDAY.

In violation of Section BC 4.02 (5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Douglas M. Austin INVESTIGATOR
Signature of Investigative Staff Title Date
Francis J. Peters 7-26-08
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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