

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
Madison, WI 53707-7190

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

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>16 BAC 68</u>	FINAL DECISION AND ORDER ORDER # <u>0005111</u>
<u>Tam Nguyen</u>	<u>OT Nails</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>7355-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3485-71</u>

107 N Main Street River Falls 54022
Street City Zip
Wednesday 11-30-2016 2:10pm
Day of Week Date Time

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

Tam Nguyen did not dispose used buffer blocks and disposable nail files at the work stations.

In violation of Section Cos 4.10 (4) of Wis. Stats. OR Wis. Adm. Code
Daniel Pank Investigator 12-19-2016
Signature of Division Investigative Staff Title Date
[Signature] Licensee OR Establishment Owner 12-30-16
Signature of 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 IN THE AMOUNT OF \$ 100.00 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 SAFETY & PROFESSIONAL SERVICES, DIVISION OF LEGAL SERVICES & COMPLIANCE, 1400 E. WASHINGTON AVENUE, PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITATION IS ISSUED TO BOTH AN INDIVIDUAL CREDENTIAL HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE FORFEITURE IS DEEMED TO BE ASSESSED AGAINST EACH CREDENTIAL. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.
[Signature] 1/6/17
A Member of the Board Date

#3053DLSC (11/14)
Ch.454, Stats.

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>16 BAC 68</u>	FINAL DECISION AND ORDER ORDER # <u>0005111</u>
<u>Tam Nguyen</u>	<u>QT Nails</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>7355-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3485-71</u>

107 N Main Street River Falls 54022
Street City Zip
Wednesday 11-30-2016 2:10pm
Day of Week Date Time

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

QT nails stored poisonous substances (toilet, floor and drain cleaners) in an unsecured cabinet under the sink with public access.

In violation of Section Cos 3.01 (e) of Wis. Stats. OR Wis. Adm. Code
Doreen Pank Investigator 12-19-2016
Signature of Division Investigative Staff Title Date
[Signature] Licensee OR Establishment Owner 12-30-16
Signature of Date

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[Signature]
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Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>16 BAC 68</u>	FINAL DECISION AND ORDER ORDER # <u>0005111</u>
<u>Tam Nguyen</u>	<u>QT Nails</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # <u>7355-85</u>	License # <u>3485-71</u>

Street 107 N main Street City River Falls Zip 54022
Day of Week Wednesday Date 11-30-2016 Time 2:10pm

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

Tam Nguyen did not store clean brushes, nail files, toe dividers, disposable flip tops and nail baskets with manicuring equipment in covered containers

In violation of Section Cos 4.02(4) of Wis. Stats. OR Wis. Adm. Code
Signature of Dave Park Investigator Title Investigator Date 12-19-2016
Signature of [Signature] Licensee OR Establishment Owner Date 12-30-16

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