

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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The status of an appeal may be found on court access websites at:

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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>19 BAC 008</u>	FINAL DECISION AND ORDER ORDER # <u>ORDER 0006427</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>4116-71</u>
<u>TOSA NAILS & SPA</u>	

7026 W NORTH AVE WAUWATOSA 53213
Street City Zip

THURSDAY AUGUST 8, 2019 12:35 PM
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.

TOSA NAILS & SPA STORED CLEANING AND DISINFECTING SUPPLIES
IN AN UNSECURED LOCATION.

In violation of Section COS 3.01(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
INVESTIGATOR 8/29/19
Signature of Division Investigative Staff Title Date
[Signature] ☒ Licensee OR ☐ Establishment Owner 9/3/19
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.

Al Rohmeyer, DSPS Chief Legal 9-13-19
A Member of the Board Counsel, Delegate Date

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<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>TOSA NAILS & SPA</u> <u>4116-71</u>

7026 W NORTH AVE WAUWATOSA 53213
Street City Zip

THURSDAY AUGUST 8, 2019 12:35 PM
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TOSA NAILS & SPA MAINTAINED EQUIPMENT AND TOOLS FOR PROVIDING MANICURING SERVICES IN AN UNSANITARY & UNSAFE CONDITION BY FAILING TO KEEP SEMI-SOLID SUBSTANCES IN A CONTAINER THAT WOULD PREVENT CONTAMINATION OF THE UNUSED PORTION OF THAT SUBSTANCE AND FAILING TO KEEP FOOT SPA BASIN IN A SANITARY AND

In violation of Section 4.01(1), (4) & (5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Division Investigative Staff INVESTIGATOR 8/29/19
Date
Signature of ☒ Licensee OR ☐ Establishment Owner 9/3/19
Date

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<u>7026 W NORTH AVE</u>	<u>WAUWATOSA</u>	<u>53213</u>
Street	City	Zip
<u>THURSDAY</u>	<u>AUGUST 8, 2019</u>	<u>12:35 PM</u>
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.

TOSA NAILS & SPA DID NOT STORE APPLICATORS, BRUSHES, WAX STRIPS, SCISSORS
BUFFER BLOCKS, COTTON & TOWELS IN COVERED CONTAINERS AND FAILED TO
DISINFECT CONTACT EQUIPMENT BY NOT FULLY SUBMERGING BRUSHES IN
BARBICIDE.

In violation of	Section <u>Cos 4.02(4) & (5)</u> of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>[Signature]</u>		<u>INVESTIGATOR</u>		<u>8/29/19</u>
Signature of Division Investigative Staff		Title		Date
<u>[Signature]</u>	<input checked="" type="checkbox"/> Licensee	OR	<input type="checkbox"/> Establishment Owner	<u>9/3/19</u>
Signature of				Date

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<u>[Signature]</u> A Member of the Board	<u>DSPS Chief Legal</u> Counsel Delegate	<u>9-13-2019</u>
		Date

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Street	City	Zip
<u>THURSDAY</u>	<u>AUGUST 8, 2019</u>	<u>12:35 PM</u>
Day of Week	Date	Time

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TOSA NAILS & SPA FAILED TO DISPOSE OF MANICURE INSTRUMENTS THAT
CANNOT BE CLEANED AND DISINFECTED FOLLOWING EACH USE.

In violation of	Section <u>Cos 4.10(4)</u> of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>[Signature]</u>		<u>INVESTIGATOR</u>		<u>8/29/19</u>
Signature of Division Investigative Staff		Title		Date
<u>[Signature]</u>	<input checked="" type="checkbox"/> Licensee	OR	<input type="checkbox"/> Establishment Owner	<u>9/3/19</u>
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