

Business Name _____ Date & Time _____
 Address _____ Manager _____

Body Art Inspection Sheet

Based on an inspection this day, the items marked below identify the violation in operation or facilities, which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

	A. Rooms/Cubicles		28.	SINGLE USE ITEMS ARE NEVER REUSED	12.1
1.	Floors/walls/ceilings: cleanable, smooth, clean, good repair	6.2	29.	Multi-used stencils: sterilized, application products applied with single use gauze	12.2
2.	Lighting 20 ft. candles 3ft from floor, 100 ft candles in working area	6.5		F. Tattoo Machines	
3.	Equipment storage: organized, clean, dry, covered	6.9	30.	Clean/good repair/no hazards	11.8
4.	Linen storage: organized, clean, dry	6.10	31.	Properly stored	11.8
5.	Single use items: organized, clean, dry	6.9	32.	Equipment used as specified by manufacture	11.8
6.	Chairs/counters: clean, sanitized	6.2		G. Body Piercing Equipment	
7.	Gloves: single use, sterile, disposable	13.7	33.	Sterile single use needles	12.1
8.	Approved sanitizer available: properly stored, labeled, expiration date	2.20	34.	Approved jewelry for new piercing	2.19
9.	Animals limited as required	6.6	35.	Jewelry properly sterilized	2.19
10.	Entire establishment clean of insects, varmints, rodents	6.3	36.	Piercing guns for earlobes only	2.3 2.12
11.	Operator space: 45 square feet each, partitioned	6.4		H. Operators	
	B. Hand Sinks		37.	MUST BE 18 YEARS OR OLDER	13.3
12.	Antimicrobial liquid soap/paper towels/dispensers	6.7	38.	Current operator permit	5B.1
13.	Running water: hot/cold	6.7	39.	Each operator displays good personal hygiene	13.6
14.	PROVIDED/ADEQUATE/PROPERLY INSTALLED/CLEAN	6.7	40.	OPERATOR AND CLIENT: FREE OF RASH OR ANY INFECTIONS	13.11 13.12
	C. Waste Disposal-Each Cubicle		41.	<i>Knowledge of skin preparation pre and post procedures</i>	10.1
15.	Covered receptacles for trash.	6.8	42.	No Smoking or alcohol in procedure rooms/cubicles	13.4
16.	APPROPRIATE USE OF APPROVED RED "SHARPS" CONTAINER LABELED & APPROVED RED BIO-HAZARD BAGS	13.9	43.	<i>Documentation of training in Anatomy, skin diseases, disorders and conditions (including diabetes), infectious disease control</i>	5B.4
17.	Compliance with OSHA Guidelines			I. Documentation	
	D. Restrooms		44.	<i>Written proof of completed, declined, and/or offered Hep. B series for each Operator</i>	13.13
18.	Clean/good repair/adequate/accessible	6.7	45.	Written and signed consent cautioning patron procedure is permanent see Dept Disclosure	
19.	Hand sink with hot/cold running water	2.15	46.	<i>Written post-procedure instructions</i>	7.1
20.	Antimicrobial liquid soap/paper towels/dispensers		47.	Patron statistics: name, age, address, date of procedure, operator's name, body location, description of procedure	9.1
21.	Toilet tissue/proper waste disposal with lid	6.8	48.	Parental/guardian/physician consent for under 18	13.10
	E. Sterilizer/Sterile Equipment		49.	Records maintained for a minimum of seven years	8.3
22.	AUTOCLAVE/DRY HEAT STERILIZER: FUNCTIONING, CLEAN	11.3	50.	Employee information: full name, exact duties, date of birth, sex, home address, phone numbers, identification photos	13.1a
23.	Sterile equipment properly packaged/expiration date	11.2	51.	Establishment information, complete inventory of equipment, copy of "Body Art Regulation"	13.1e
24.	Sterile packs/date of sterilization/expiration date	11.2		J. Permits	
25.	Documentation on required spore testing	11.5	52.	Disclosure statement in clear view, next to health permit	7.1
26.	Sterile packs stored in a clean/dry area, protected from contamination	11.6	53.	Current Establishment and Operator Permits prominently displayed	5A.5 5B.8
27.	Sterile packs with sterilization indicators	11.2			

Public Health Nurse

Date:

Environmental Health Scientist

Date:

Owner/Management of Establishment

Date: