

Type of Inspection

- ☐ Annual
☐ Re-inspection
☐ Complaint

Services: ☐ Tattooing ☐ Body Piercing ☐ Permanent Cosmetics

Body Art Inspection Form

Name of Establishment: _____ **Address:** _____

Key: IN: In compliance OUT: Out of compliance N/O: Not Observed N/A: Not Applicable

	<u>IN</u>	<u>OUT</u>	<u>N/O</u>	<u>N/A</u>		<u>IN</u>	<u>OUT</u>	<u>N/O</u>	<u>N/A</u>
Water Supply					Work Stations				
Supply adequate and safe					In-Residence shop completely separate from living/sleeping quarters				
Hot and Cold water under pressure, provided as required					No foods or beverages on premises unless permitted				
Sewage Disposal	<u>IN</u>	<u>OUT</u>	<u>N/O</u>	<u>N/A</u>	No animals / pets in working areas				
Approved method of disposal					Work stations properly maintained				
Facility Requirements	<u>IN</u>	<u>OUT</u>	<u>N/O</u>	<u>N/A</u>	A labeled sharps container available for each work station				
Approved plumbing fixtures, clean, maintained					A door, partition or curtain in procedure rooms to provide privacy				
No potential cross connection, back siphonage, backflow					All work surfaces nonporous, durable and easy to clean and sanitize				
Toilets and washbasins adequate, convenient, accessible, designed, installed					Hand sinks easily accessible				
Proper restroom fixtures in good repair, clean					Personnel	<u>IN</u>	<u>OUT</u>	<u>N/O</u>	<u>N/A</u>
Anti-bacterial in dispensers, single service towels provided at hand sinks					All personnel properly licensed as required by DPH				
Adequate number of covered refuse containers provided, clean					Licenses posted in a conspicuous area				
Utility sink provided for instrument cleaning					All personnel up to date with bloodborne pathogens and first aid training				
Outside disposal area and enclosures properly constructed, clean					No person with infection or communicable disease attended or working				
Floors/walls/ceilings properly constructed, good repair, clean					Good hygienic practices, smoking/vaping prohibited				
Adequate ventilation, no excess heat or odors					Hands washed effectively before and after serving each client				
Record Keeping	<u>IN</u>	<u>OUT</u>	<u>N/O</u>	<u>N/A</u>	Clean outer garments				
Informed consent, waiver, and medical release forms are on file for a minimum of 2 years for each client with properly documented/verified identification					Sanitation and Sterilization	<u>IN</u>	<u>OUT</u>	<u>N/O</u>	<u>N/A</u>
Appropriate written aftercare instructions available					Disposable gloves available				

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Needle stick protocol available					Disinfected utensils kept in sanitary covered containers when not in use				
Sharps collection service records maintained and available					Proper use of recommended disinfection techniques/solutions				
A complete set of procedures outlining the use of the equipment and disinfecting/sanitizing procedures					Attached equipment, fixtures, properly constructed, maintained, clean				
Machines and Setups	<u>IN</u>	<u>OUT</u>	<u>N/O</u>	<u>N/A</u>	Autoclave area at least 36" from ultrasonic cleaning unit				
All chemicals and liquids are properly labeled and stored					Sterilizer packs intact				
All items in set up are new, disinfected, or sterilized					Sterilizer packs have: temperature/sterilizer indicator and expiration date- not exceed 6 months				
Ultrasonic cleaning unit present and functioning with appropriate cleaning agent					Non-disposable instruments cleaned and disinfected after each customer				
Autoclave is approved, cleaned, and properly maintained with up to date spore test results, if used					Non-disposable instruments processed in an ultrasonic unit, packed individually in sterilized packs and sterilized by steam autoclave				
Setups have only equipment necessary for procedures					Proper use of single service item				

Comments:

Date of Inspection: _____

Date of Required Compliance: _____

Inspector Signature _____

Person in Charge Signature _____

Yellow items: Imminent hazards and shall be corrected immediately

*** All other items shall be corrected within 2 weeks**