

PREVENT. PROMOTE. PROTECT.

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Tattoo and Body Piercing Operation Inspection Checklist

Date: 09-27-2011

Business Name: Identity
 Business Address: 7800 Montgomery Road
 City: Cincinnati State: Ohio Zip: 45236
 Operator's Name: Ms. Claude Nader Business Phone: _____
 Owner's Name: _____
 Inspector(s): Tony Schoenlein

This is a: Comprehensive Inspection Partial Inspection Reinspection Licensing Inspection Comments on Back

Is establishment in compliance?

YES	NO	NA		YES	NO	NA	
3701-9-02 Board of Health Approval							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Permit to operate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(H) No blood flow checks used
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B)(4) Plan approval	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(I) Use only single use dyes or inks manufactured by established manufacturer, unless container's sterile before use
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(a) Training records of all personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(J) Patron skin post-prep/dressing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(c) Records of equipment utilized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(K) Oral and written care instructions available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(d) Procedures to disinfect and sterilize all non-disposable equipment and parts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(L) Record of all patrons and dyes used; service records for 2 years
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(e)(i) Maintenance of a log of all tests performed on sterilization				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(e)(ii) Procedures for remedial action, in the event a test fails				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(f) Procedures to ensure the general health and safety of all individuals employed by the business				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(g) Record of dye, colors, manufacturer, lot and pigment used for each tattoo for 2 years				
3701-9-04 General Safety & Sanitation							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A)(1) Premises at least 100 square feet				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Each individual shall have at least 36 square feet and separated from waiting patrons by panel or door. Complete privacy if available, if desired.				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Entire procedure room and equipment shall be maintained in a clean, sanitary condition and in good repair.				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) 40 foot-candles of light at tattoo level				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) All floors and walls impervious, smooth, washable surface				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) All tables and other equipment be easily cleanable				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Restroom facilities available to employees and patrons				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) No tattoo equipment or supplies stored in the restroom				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Lavatory or hand washing in close proximity of operator				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) No exposed plumbing creating potential hazard				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Closed receptacles for disposal of gloves, dressings, and trash				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) No live animals in tattoo/b.p. areas				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11) No food or drink to be consumed in tattoo/b.p. areas				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12) No smoking in tattoo/ b.p. areas				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13) Infectious waste disposal approved				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B)(1) Artist restrictions				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B)(2)(a) Consent documents for persons under 18 years old				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B)(3) Physician care documentation for patrons w/conditions				
3701-9-05 Additional Requirements for Tattoo Services							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Hand washing and soap available				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Disposable gloves shall be used and available				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Lap cloths available; change for each patron				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Separate disposable razors available				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Antibacterial soap, isopropyl alcohol, and disposable gauze or similar available				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Single use sterile petroleum jelly and wooden tongue depressors available				
3701-9-06 Additional Body Piercing Services							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(C) Disposable gloves shall be used and available				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(E) Povidone-Iodine, benzalkonium chloride rinse, and antibacterial mouthwash available				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(G) Single-use sterile needles for piercing				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(H) Jewelry sterile & approved per rules by type				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(I) Oral and written care instructions for body piercing available				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(J) Record of all body piercing patrons for 2 years				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(K) Notification if injury/infections to Board of Health				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(L) In-use sharps container				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(M) Use permitted location only as approved				
3701-9-07 Ear Piercing Gun Standards							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(A) Training records for ear piercing gun				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) Disposable gloves shall be used and available				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(C) Ear piercing gun being cleaned after each use				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(C)(2) Ultrasonic-type device available for cleaning				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(C)(4) Disinfectant available for ear piercing gun				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(D) Gun storage area clean				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(E) Prior patron notification of disinfection				
3701-9-08 Sterilize & Disinfection Procedures							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(A) All equipment/needles stored properly				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) All needles or instruments disposed or sterilized properly				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(C) Ultrasonic-type machine available to remove dyes and matter from nondisposable instruments				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(D) Steam sterilizer (Autoclave)/15 minutes @ 15 lbs. Per Inch/250° F or 121° C, minimum				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(E) Record log on all sterilizers				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(E)(1) Autoclave sterilization bags w/ color indicator available				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(E)(3) Sterilization procedures available and maintenance record available for 2 years				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(E)(6) Record log of date, time, the name of the person or independent testing entity performing the test and sterilization results for 2 years				

REMARKS ON REVERSE SIDE

Tattoo and Body Piercing Operation – Inspection Checklist Remarks

Remarks

Procedure room clean and sanitary.

Training records complete and accurate.

Equipment properly stored.

Observed disinfectant. Discussed measures to properly disinfect before and after each procedure.

Tony Schoenlein



09-27-2011

Print Name of Inspector Completing Form

Inspector's Signature

Date