



## Tattoo and Body Piercing Operation Inspection Checklist

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Facility Name: RED DRAGON Date: 7/22/2011 County: Hamilton  
 Facility Address: 9242 COLERAIN AVE Facility Phone #: 513-385-6500  
 Operator Name: JUSTIN "JAY" FELLOWS Operator Phone #:  
 Corporate Address: Corp. Phone # (If Diff.):  
 Health District: Hamilton County Inspector(s): Matthew Lemaster

Place an X in the appropriate column to denote compliance status. Placing an X in the NO column indicates that a violation has been noted. Write N/A on the lines that are not applicable to this facility. This checklist is not all inclusive of regulations applicable to tattoo and body piercing facility operations.

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

YES	NO	NA	
			<b>3701-9-02 Board of Health Approval</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Permit to operate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B)(4) Plan approval
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(a) Training records of all personnel
<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"/>	(5)(d) Procedures to disinfect and sterilize all non-disposable equipment and parts.
<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
			<b>3701-9-04 General Safety &amp; Sanitation</b>
<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 is 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
			<b>3701-9-05 Additional Requirements for Tattoo Services</b>
<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
<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"/>	(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"/>	(J) Patron skin post-prep/dressing
<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"/>	(L) Record of all patrons and dyes used; service records for 2 years
			<b>3701-9-06 Additional Body Piercing Services</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Disposable gloves shall be used and available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Povidone-Iodine, benzalkonium chloride rinse, and antibacterial mouthwash available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Single-use sterile needles for piercing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(H) Jewelry sterile & approved per rules by type
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(I) Oral and written care instructions for body piercing available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(J) Record of all body piercing patrons for 2 years
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(K) Notification if injury/infections to Board of Health
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(L) In-use sharps container
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) Use permitted location only as approved
			<b>3701-9-07 Ear Piercing Gun Standards</b>
<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
			<b>3701-9-08 Sterilize &amp; Disinfection Procedures</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) All equipment/needles stored properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) All needles or instruments disposed or sterilized properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Ultrasonic-type machine available to remove dyes and matter from nondisposable instruments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Steam sterilizer (Autoclave)/15 minutes @ 15 lbs. Per Inch/250° F or 121° C, minimum
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Record log on all sterilizers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E)(1) Autoclave sterilization bags w/ color indicator available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E)(3) Sterilization procedures available and maintenance record available for 2 years
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

- All client records were complete.
- The facility continues to utilize a printed sheet of dye lot numbers and highlighting the dye(s) used for each procedure to ensure proper documentation of dye lot numbers on multi-color tattoos. The lot numbers for single/double dye procedures are written directly on client's sheet.
- Reference sheet for dye lot numbers available, however, the lot number on several dyes had changed since the creation of the sheet. All dye lot numbers to be updated and routinely checked.
- Procedure areas were being kept in a clean and sanitary manner.
- Back room (#5) must be thoroughly cleaned prior to performing any procedure.
- All observed supplies and equipment were properly stored.
- Autoclave log indicated appropriate time, temperature, and pressure were being met.
- Spore test and autoclave logs were being completed appropriately.
- No fails indicated on completed spore test log.
- An ultrasonic-type machine continues being utilized to clean instruments.
- Training certificates for Bloodborne and First Aid have been provided for three artists.
- Kick cans must remain closed when not in use; empty as necessary.

Matthew Lemaster



July 22, 2011

Print Name of Inspector Completing Form

Inspector's Signature

Date