

PREVENT. PROMOTE. PROTECT.

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## Tattoo and Body Piercing Operation Inspection Checklist

Date: 6/4/2010

Business Name: Backstreet Studio  
 Business Address: 3720 Woodbine Avenue  
 City: Cincinnati State: OH Zip: 45211  
 Operator's Name: Pegge Burkley-Schneider Business Phone: 662-6559  
 Owner's Name: Pegge Burkley-Schneider  
 Inspector(s): Brad Johnson

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

Is establishment in compliance?

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"/>            | (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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (5)(e)(i) Maintenance of a log of all tests performed on sterilization                                |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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        |

YES NO NA

- |                                     |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--|
| <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   |

### 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 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 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

- Bloodborne Pathogen training refresher course was completed by Ms. Schneider April 11, 2010.
- Procedure room organized and clean.
- All supplies stored in locked cabinet.
- Observed several ink/dyes available at the facility. Dark brown pigment expired 1/2010. Ms. Schneider informed of the pigment expiration, which was removed from the inks/dyes.

Brad Johnson



06-04-2010

\_\_\_\_\_  
Print Name of Inspector Completing Form

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date