

PREVENT. PROMOTE. PROTECT.

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Tattoo and Body Piercing Operation Inspection Checklist

Date: 06-24-2010

Business Name: Body Waxing Plus
 Business Address: 9454 Kenwood Road
 City: Cincinnati State: OH Zip: 45242
 Operator's Name: Dorie Arnett Business Phone: _____
 Owner's Name: _____
 Inspector(s): Nick Siefker

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

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

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

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

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

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

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

Facility is licensed by HCPH but has not performed any permanent makeup procedures this year. Facility did not renew the permanent makeup insurance they carried and does not plan to perform any permanent makeup procedures. Informed employees to notify HCPH if they decided to perform procedures again.

Nick Siefker



06-24-2010

Print Name of Inspector Completing Form

Inspector's Signature

Date