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PREVENT. PROMOTE. PROTECT.

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Tattoo and Body Piercing Operation Inspection Checklist

Date: 6-23-10

Business Name: POSHAW LINK

Business Address: HAMILTON AVENUE

City: _____ State: _____ Zip: _____

Operator's Name: MARK SAWYER Business Phone: _____

Owner's Name: _____

Inspector(s): TOM SAWYER

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

Is establishment in compliance? Y = Yes, N = No, NA = Not Applicable.

YES NO

3701-9-02 Board of Health Approval

- (A) Permit to operate
- (B)(4) Plan approval
- (5)(a) Training records of all personnel
- (5)(c) Records of equipment utilized
- (5)(d) Procedures to disinfect and sterilize all non-disposable equipment and parts.
- NA (5)(e)(i) Maintenance of a log of all tests performed on sterilization
- NA (5)(e)(ii) Procedures for remedial action, in the event a test fails
- (5)(f) Procedures to ensure the general health and safety of all individuals employed by the business
- (5)(g) Record of dye, colors, manufacturer, lot and pigment used for each tattoo for 2 years

- (I) Use only single use dyes or inks manufactured by established manufacturer, unless container's sterile before use
- (J) Patron skin post-prep/dressing
- (K) Oral and written care instructions available
- (L) Record of all patrons and dyes used; service records for 2 years

3701-9-04 General Safety & Sanitation

- (A)(1) Premises at least 100 square feet
- (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.
- (2) Entire procedure room and equipment shall be maintained in a clean, sanitary condition and in good repair.
- (3) 40 foot-candles of light at tattoo level
- (4) All floors and walls impervious, smooth, washable surface
- (5) All tables and other equipment be easily cleanable
- (6) Restroom facilities available to employees and patrons
- (6) No tattoo equipment or supplies stored in the restroom
- (7) Lavatory or hand washing in close proximity of operator
- (8) No exposed plumbing creating potential hazard
- (9) Closed receptacles for disposal of gloves, dressings, and trash
- (10) No live animals in tattoo/b.p. areas
- (11) No food or drink to be consumed in tattoo/b.p. areas
- (12) No smoking in tattoo/ b.p. areas
- (13) Infectious waste disposal approved
- (B)(1) Artist restrictions
- (B)(2)(a) Consent documents for persons under 18 years old
- (B)(3) Physician care documentation for patrons w/conditions

3701-9-06 Additional Body Piercing Services

- NA (C) Disposable gloves shall be used and available
- (E) Povidone-iodine, benzalkonium chloride rinse, and antibacterial mouthwash available
- (G) Single-use sterile needles for piercing
- (H) Jewelry sterile & approved per rules by type
- (I) Oral and written care instructions for body piercing available
- (J) Record of all body piercing patrons for 2 years
- (K) Notification if injury/infections to Board of Health
- (L) In-use sharps container
- (M) Use permitted location only as approved

3701-9-07 Ear Piercing Gun Standards

- (A) Training records for ear piercing gun
- (B) Disposable gloves shall be used and available
- (C) Ear piercing gun being cleaned after each use
- (C)(2) Ultrasonic-type device available for cleaning
- (C)(4) Disinfectant available for ear piercing gun
- (D) Gun storage area clean
- (E) Prior patron notification of disinfection

3701-9-08 Sterilize & Disinfection Procedures

- (A) All equipment/needles stored properly
- (B) All needles or instruments disposed or sterilized properly
- NA (C) Ultrasonic-type machine available to remove dyes and matter from nondisposable instruments
- (D) Steam sterilizer (Autoclave)/15 minutes @ 15 lbs. Per Inch/250° F or 121° C, minimum
- (E) Record log on all sterilizers
- (E)(1) Autoclave sterilization bags w/ color indicator available
- (E)(3) Sterilization procedures available and maintenance record available for 2 years
- (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

3701-9-05 Additional Requirements for Tattoo Services

- (A) Hand washing and soap available
- (B) Disposable gloves shall be used and available
- (D) Lap cloths available; change for each patron
- (E) Separate disposable razors available
- (F) Antibacterial soap, isopropyl alcohol, and disposable gauze or similar available
- (G) Single use sterile petroleum jelly and wooden tongue depressors available
- (H) No blood flow checks used

REMARKS ON REVERSE SIDE

Tattoo and Body Piercing Operation – Inspection Checklist Remarks

Remarks: _____

• DYES APPROPRIATELY MARKED.

• TRAINING DOCUMENTS AVAILABLE.

• APPROXIMATE PERFORMING TATTOO WORK SUBMISSION; RECORDS AVAILABLE.

• SANITARY OPERATION; COMPLIANCE.

Tom Schreder

Print Name of Inspector Completing Form

[Signature]

Inspector's Signature

6-23-16

Date