

PREVENT. PROMOTE. PROTECT.

*Timothy I. Ingram
Health Commissioner*

*250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219*

*Phone 513.946.7800
Fax 513.946.7890*

hamiltoncountyhealth.org

Tattoo and Body Piercing Operation Inspection Checklist

Date: 3/25/2011

Business Name: SIA SPA
 Business Address: 8127 MONTGOMERY RD
 City: CINCINNATI State: OH Zip: 45236
 Operator's Name: ANYA Business Phone: _____
 Owner's Name: NYRIA ACOSTA PEARL
 Inspector(s): MATTHEW LEMASTER, CHUCK DEJONCKHEERE

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 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

- REVIEWED 3 PATIENT FILES – DOCUMENTATION COMPLETE.
- FACILITY CONTINUES TO UTILIZE ALL DISPOSABLE EQUIPMENT.
- SHARPS CONTINUE TO BE MANAGED APPROPRIATELY.
- WORK AREA APPEARED TO BE IN A CLEAN/SANITARY CONDITION.
- NOTED AFTERCARE INSTRUCTIONS IN CLIENTS DOCUMENTATION.
- OBSERVED EXPIRED DYES IN STORAGE DRAWER- ADVISED ARTIST OF REOCCURRING ISSUE. ALL EXPIRED DYES MUST BE REMOVED PRIOR TO NEXT INSPECTION.

MATTHEW LEMASTER



3/25/2011

Print Name of Inspector Completing Form

Inspector's Signature

Date