



## Tattoo and Body Piercing Operation Inspection Checklist

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

Facility Name: Trinity Tattoo & Piercing Date: 8/9/2011 County: Hamilton  
 Facility Address: 100 Harrison Avenue Facility Phone #: 513-202-1777  
 Operator Name: Michael Royse Operator Phone #:  
 Corporate Address: Corp. Phone # (If Diff.):  
 Health District: Hamilton County Inspector(s): Brad Johnson

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		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"/>		(H) No blood flow checks used
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B)(4) Plan approval	<input checked="" 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"/>	(5)(a) Training records of all personnel				(J) Patron skin post-prep/dressing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)(c) Records of equipment utilized	<input checked="" type="checkbox"/>	<input type="checkbox"/>		(K) Oral and written care instructions available
<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"/>		(L) Record of all patrons and dyes used; service records for 2 years
<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				
<b>3701-9-06 Additional Body Piercing Services</b>							
			(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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>3701-9-07 Ear Piercing Gun Standards</b>							
			(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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>3701-9-08 Sterilize &amp; Disinfection Procedures</b>							
			(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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**REMARKS ON REVERSE SIDE**

## Tattoo and Body Piercing Operation – Inspection Checklist Remarks

- Mr. Royse's procedure room was slightly unorganized; however, no exposed sharps or other immediate health hazards were identified. Ms. Haskett indicated that the room had not yet been cleaned since a procedure. Discussed the importance of disinfecting a room immediately following procedures. All other rooms appeared organized and visibly clean.
- Food was observed on the front desk check-in area. Food and/or drinks were NOT being consumed in procedure areas. Discussed the expectations of the health district concerning food at the facility.
- Staff were smoking outside upon arrival to the facility. Continue to ensure that smoking does not occur inside the facility.
- Proper documentation of weekly spore testing being performed by facility and provided via email as received from the independent testing company. A proper log of all autoclave runs reviewed.
- Patient files reviewed. Documentation properly contained all necessary information including disclosures, provided aftercare instructions, signatures, Identification (including requirements for minors), procedure(s) performed and ink/dye lot numbers.

Brad Johnson

Print Name of Inspector Completing Form



Inspector's Signature

August 9, 2011

Date