

Body Art Establishment Inspection Checklist

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Fa	cility	Name: Aeterna Tattoo Studio	Date:	12/21	/2016	Т	ime:	1:00PM	Jurisdiction:	Deer Park	
Fa	cility	Address: 7917 Blue Ash				Fac	ility Phone #:				
Oı	perato	or Name:		Operator Phone #:							
Fa	cility	Email:									
Н	ealth I	District: Hamilton County Inspector(s):	C	aleb Pa	ass						
		X in the appropriate column to denote compliance status. "See Nort. It does not necessarily mean the facility was out of compliance."									
-	his is a		Reir					Inspection		ments on Back	
11	1115 15 6	a. Comprehensive hispection	☐ Keii	ispeciio)11		icensing	mspection	Z Com	ments on back	
Yes	See	NA or	Ye		or						
	<i>Note</i> 3701	DNI -9-02 Board of Health Approval	Σ	Note ☐ ☐	DNI		4) Only	sterilized, si	ngle use, disposa	ble needles used	
\boxtimes		(A) Approval to operate	Σ			(5) Disp	osable razors	used and properl	y disposed	
XXXX		☐ (B) Plan approval ☐ (B)(8) Written infection prevention and control plan	<u> </u>					•	ments shall be si	•	
\boxtimes	H	(M) Services not performed outside the premises,	<u>></u>				_	_	ts to address flow leaned and disinf	of or absorb blood	
		except as approved	Σ				9) Soar	os, inks, dyes,	pigments, ointme	ents dispensed and	
	3701	1-9-04 Safety & Sanitation Standards							otic technique and	d so as not to single use applicators	
\boxtimes	H	(A) Premises at least 100 square feet Each individual shall have at least 36 square feet	Σ			(cted and sterilized	
\times		Complete privacy is available, if desired.	Σ			(nd gloves worn d		
	X	(B) Entire procedure room and equipment maintained in a clean, sanitary condition and in good repair.	l D	ব □	П	(T)			sterilizing proce d verbal and writ		
\times		(C) 40 foot-candles of light at tattoo level	Σ			(U)	Notify	HD when a c	omplaint of infec	tion received	
\boxtimes		(D) All tables and other principles are a silver also able							n accordance with res maintained for		
\square		☐ (E) All tables and other equipment easily cleanable☐ (F) Restrooms available to employees and patrons	L		Ш	(**)				nent of procedure	
		☐ No tattoo equipment or supplies stored in restroor							ers, manufacture		
	\square	☐ (G) Hand washing sink in close proximity of operator ☐ (H) No exposed plumbing creating potential hazard	r	37	01-9- ()5 A <i>c</i>			rial composition, onts for Tattoo S		
	H	(I) Closed receptacles for disposal of gloves,	Σ						cleaned with soap		
_	_	dressings, and trash							iseptic solution a	pplied with	
× ×	H	☐ (J) Animals not permitted in establishment ☐ (K) No food or drink consumed, contact lenses handle	ed,	3 □		(B)		use applicator ducts applied		g stencils, must be	
		cosmetics applied, personal grooming performed,	_		_	(C)	single u		11		
		vaporizing devices handled, or similar activities in tattoo/b.p. or sterilization areas	n 🖸	<u> </u>	Ш	(C)		-	any manuractured sable containers f	l inks intended for or inks. Remove	
\times		(L) Water/wastewater systems, solid waste disposal,	_	_	_	-	excess	dye with clea	n, absorbent, disp	oosable materials.	
<u></u>		and Infectious waste disposal meets requirements	<u> </u>	∐		(D)				ate antiseptic solution. dressing. Non-medica	
X	\vdash	☐ (M) Artists have received appropriate training☐ (N) Infection prevention and control plan kept up to c	late						shall not be used.		
X		(O) Artist restrictions		37	01-9-(al Body Pierc			
\boxtimes		(P) Restrictions on procedures for persons under 18 (Q) Patrons with conditions which could affect the	Σ			(A)			leaned with soap	& water, then l piercing patrons	
	Ш	(Q) Patrons with conditions which could affect the healing process							ol free antiseptic		
\times		(R) Body art procedures performed only on a healthy skin surface	_	a 🗀		(B)			ry made of AST	both procedures. M F136 titanium,	
		(S) Observe standard precautions in accordance with	<u>></u>	ы <u>Г</u>	Ш	(u)				at gold, niobium, or	
◡	\Box	the following: (1) Starila instruments and aceptic techniques used	Lat				-	_	_	rcing. Mill certificates	
×	Ц	(1) Sterile instruments and aseptic techniques used all times	ı dl				ior jew	elry maintain	ed at facility.		
X		(2) Hand washing before and after each procedure(3) Disposable gloves worn during entire procedure	·e								

including setup and tear down. Gloves must be

changed/replaced as necessary

Yes	See	NA		Yes	See	NA			
		DNI			Note	DNI			
П	3701		Ear Piercing Gun Standards (A) Training records for ear piercing gun	X	П	П	(B) Monitor the function of sterilizers with the following: (1) Sterilization pouches with process indicator that		
			(B) Disposable gloves shall be used and available	_	_		changes color		
			(C) Ear piercing gun cleaned/disinfected after each use	\boxtimes	H	H	(2) Sterilization integrator used in each load(3) Weekly biological indicator tests submitted to lab		
\vdash	\vdash		(D) Gun stored in covered container or cabinet(E) Patron notification of disinfection frequency/methods	\boxtimes	H	H	(C) Documentation that indicators, integrators and biological		
Ц	⊔ 37		08 Sterilize & Disinfection Procedures				tests were performed. Records are Maintained for 2 years		
	0,		(A) All non disposable equipment shall be cleaned and	X			and includes the following: (1) Date and time the load was run		
◡			sterilized in the following manner: (1) Soaked in an enzymatic pre-cleaner	X			(2) Name of person who ran the load		
×	H	H	(2) Rinsed and patted dry	X	H		(3) Results of integrator(4) Report from lab on biological indicator test		
			(3) Disassembled or placed in open position	\boxtimes	H	H	(C) Documentation kept in each patrons file for needles and		
X X X		\exists	(4) Visually inspected for cleanliness and damage(5) Cleaned in tepid water and appropriate detergent	<u></u>			instruments used on that patron. (D) New and replacement sterilizers shall be designed to		
\boxtimes	Ħ	Ħ	(6) Fully submerged in disinfectant per manufacturer	×	П	Ш	sterilize hollow instruments and equipped with		
\boxtimes			(7) Rinsed and patted dry				mechanical drying cycle (E) If wetness/moisture remains in/on pouches or if sterilizer		
\times	Ш		(8) Placed in ultrasonic unit filled with appropriate solution per manufacturer	×	П	П	malfunctions then instruments shall be considered		
\boxtimes			(9) Rinsed and air dried	□			contaminated and re-packaged/re-sterilized		
\boxtimes	Ш	Ш	(10) Individually packed in sterilization pouches. Each pouch labeled with date of processing	\times		\exists	(F) Sterilized instruments remain in pouches until use(G) Malfunctioning sterilizer not used until repaired or replaced		
X			(11) Sterilized in a steam sterilizer	\boxtimes			(H) Sterilized instruments stored in pouches, handled with		
X			Ultrasonic units and steam sterilizers used, cleaned, and maintained according to manufacturer. Records of				gloves, stored in clean, dry, closed area. Re-sterilized if integrity of pouch is compromised.		
			maintenance kept for 2 yrs.	X			(I) Instruments re-sterilized after 1 year		
	Ins	pec	tion Remarks						
-	Fac	ility	kept in a clean and sanitary condition.						
-		•	observed being properly disposed of in a sharps co	ntaiı	ner.				
-			m available for customers.		4				
Facility continues to use pre-packaged, pre-sterilized equipment.Handwashing sink observed in procedure area.									
- Paperwork was reviewed and being completed correctly.									
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L				1	,				
			Caleb Pass	Ca	li	0	December 21, 2016		
Print Name of Inspector Completing Form					necto	r's S	ignature Date		