# Body Art Establishment Inspection Checklist

HAMILTON COUNTY PUBLIC HEALTH

TE 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

| Facility Name:   | Date:                | Time:                        | Jurisdiction:  |  |
|--|----------------------|------------------------------|--|--|
| Facility Address:  |                      | Facility P                   | hone #:  |  |
| Operator Name:   |                      | Operator Phone #:            |  |  |
| Facility Email:  |                      |                              |  |  |
| Health District: Inspec  | ctor(s):             |                              |  |  |
| Place an X in the appropriate column to denote compliance status.  | .,                   | rvation relating to this reg | ulation was noted in the comments section of   |  |
| the report. It does not necessarily mean the facility was out of comp  |                      |                              |  |  |
| This is a: Comprehensive Inspection Partial Insp   | pection Reinspection | Licensing Inspe              | comments on Back   |  |
| ves See NA<br>or   | Yes See              | NA                           |  |  |
| Note DNI   | Note                 | **                           |  |  |
| 3701-9-02 Board of Health Approval   |                      | (4) Only steril              | ized, single use, disposable needles used  |  |
| (A) Approval to operate  |                      |                              | e razors used and properly disposed  |  |
| (B) Plan approval  |                      | (6) All markir               | ig instruments shall be single use   |  |
| (B)(8) Written infection prevention and control  | ol plan              | (7) Single use               | products to address flow of or absorb blood  |  |
| (M) Services not performed outside the premi   |                      |                              | areas cleaned and disinfected  |  |
| except as approved   |                      |                              | s, dyes, pigments, ointments dispensed and   |  |
| 3701-9-04 Safety & Sanitation Standards  |                      |                              | ing aseptic technique and so as not to   |  |
| (A) Premises at least 100 square feet  |                      |                              | te the original container; single use applicator                                     |  |
| Each individual shall have at least 36 squa  | are feet             |                              | le use equipment disinfected and sterilized  |  |
| Complete privacy is available, if desired.   |                      |                              | shing and gloves worn during cleaning,   |  |
| (B) Entire procedure room and equipment ma   |                      |                              | ing, and sterilizing procedures provided verbal and written aftercare                |  |
| in a clean, sanitary condition and in good $(C)$ 40 foot conduct of light at tattee level                            | repair.              |                              | when a complaint of infection received   |  |
| <ul><li>(C) 40 foot-candles of light at tattoo level</li><li>(D) All floors impervious, smooth, washable s</li></ul> | surface              |                              | sharps in accordance with OAC 3745-27  |  |
| (E) All tables and other equipment easily clea   |                      |                              | procedures maintained for 2 years and  |  |
| (F) Restrooms available to employees and pat   |                      |                              | me, address, date, placement of procedure  |  |
| No tattoo equipment or supplies stored in r  |                      |                              | ot numbers, manufacturers jewelry used   |  |
| (G) Hand washing sink in close proximity of a  |                      |                              | e, material composition, manufacturer  |  |
| (H) No exposed plumbing creating potential h   | -                    | -9-05 Additional Reg         | uirements for Tattoo Services  |  |
| (I) Closed receptacles for disposal of gloves,   | luzuru               |                              | ttooed cleaned with soap and water then  |  |
| dressings, and trash   |                      |                              | n an antiseptic solution applied with  |  |
| (J) Animals not permitted in establishment   |                      | single use ap                |  |  |
| (K) No food or drink consumed, contact lense   |                      |                              | applied to skin, including stencils, must be   |  |
| cosmetics applied, personal grooming per   |                      | single use                   |  |  |
| vaporizing devices handled, or similar acti  | ivities in           |                              | nmercially manufactured inks intended for  |  |
| tattoo/b.p. or sterilization areas   | 1                    |                              | e disposable containers for inks. Remove ith clean, absorbent, disposable materials. |  |
| (L) Water/wastewater systems, solid waste dis  |                      |                              | eted tattoo with appropriate antiseptic solution                                     |  |
| and Infectious waste disposal meets requir<br>(M) Artists have received appropriate training                         |                      |                              | non-occlusive, singe use dressing. Non-medic   |  |
| (N) Infection prevention and control plan kept   |                      |                              | oducts shall not be used.  |  |
| (0) Artist restrictions  |                      | -9-06 Additional Bod         | v Piercing Services  |  |
| (P) Restrictions on procedures for persons und   |                      |                              | erced cleaned with soap & water, then  |  |
| (Q) Patrons with conditions which could affect   |                      |                              | n antiseptic solution. Oral piercing patrons   |  |
| healing process  |                      |                              | h alcohol free antiseptic mouthwash. Lip,  |  |
| (R) Body art procedures performed only on a  | healthy              |                              | ek piercing shall follow both procedures.  |  |
| skin surface   |                      |                              | ed jewelry made of ASTM F136 titanium,   |  |
| <ul> <li>(S) Observe standard precautions in accordance<br/>the following:</li> </ul>                                | ce with              |                              | steel, solid 14 or 18 karat gold, niobium, or  |  |
| the following:<br>(1) Sterile instruments and aseptic techniqu   | ies used at          |                              | Il be placed in a new piercing. Mill certificates<br>naintained at facility.         |  |
| all times  | ioo abou at          | for jewelfy fr               | lamaneu at laennty.  |  |
| (2) Hand washing before and after each pro   | ocedure              |                              |  |  |
| (3) Disposable gloves worn during entire p   |                      |                              |  |  |
| including setup and tear down. Gloves  |                      |                              |  |  |
| changed/replaced as necessary  |                      | CO                           | NTINUED ON REVERSE SIDE  |  |

#### Yes See NA

#### Note DNI

## 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 cleaned/disinfected after each use
- (D) Gun stored in covered container or cabinet
- (E) Patron notification of disinfection frequency/methods

### 3701-9-08 Sterilize & Disinfection Procedures

- (A) All non disposable equipment shall be cleaned and sterilized in the following manner:
  - (1) Soaked in an enzymatic pre-cleaner
  - (2) Rinsed and patted dry
  - (3) Disassembled or placed in open position
  - (4) Visually inspected for cleanliness and damage
  - (5) Cleaned in tepid water and appropriate detergent
  - (6) Fully submerged in disinfectant per manufacturer
  - (7) Rinsed and patted dry
  - (8) Placed in ultrasonic unit filled with appropriate solution per manufacturer
  - (9) Rinsed and air dried
  - (10) Individually packed in sterilization pouches. Each pouch labeled with date of processing
  - (11) Sterilized in a steam sterilizer

Ultrasonic units and steam sterilizers used, cleaned, and maintained according to manufacturer. Records of maintenance kept for 2 yrs.

## **Inspection Remarks**

- Yes See NA
  - Note DNI
- (B) Monitor the function of sterilizers with the following:(1) Sterilization pouches with process indicator that changes color
  - (2) Sterilization integrator used in each load
  - (3) Weekly biological indicator tests submitted to lab
- (C) Documentation that indicators, integrators and biological tests were performed. Records are Maintained for 2 years and includes the following:
  - (1) Date and time the load was run
  - (2) Name of person who ran the load
  - (3) Results of integrator
- (4) Report from lab on biological indicator test
- (C) Documentation kept in each patrons file for needles and instruments used on that patron.
- (D) New and replacement sterilizers shall be designed to sterilize hollow instruments and equipped with mechanical drying cycle
- (E) If wetness/moisture remains in/on pouches or if sterilizer malfunctions then instruments shall be considered contaminated and re-packaged/re-sterilized
- (F) Sterilized instruments remain in pouches until use
- (G) Malfunctioning sterilizer not used until repaired or replaced
- (H) Sterilized instruments stored in pouches, handled with gloves, stored in clean, dry, closed area. Re-sterilized if integrity of pouch is compromised.
- (I) Instruments re-sterilized after 1 year