

Body Art Establishment Inspection Checklist

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| F | acility | Name | : Bla | ack Covet Tattoo Collective | | Date: | 6 | 5/14/20 | 017 | Т | ime: | 9:00 A | M | Jurisdiction: | Cl | heviot |
|-------------|-----------|-----------|-------------------------|--|-------------------|-------|-------------------------|-----------|-----------|---------|----------|-------------------------|-------------|---------------------------------------|---------|-------------------------------------|
| F | acility | Addre | ess: | 4105 Harrison Ave | | | | | | | Fa | cility Pho | ne #: | | | |
| C | perato | r Nam | ie: | Chris Riesenberg, Eric Grant | | | | | | | Ope | erator Pho | ne #: | | | |
| F | acility | Email | : c1 | rliveloud@yahoo.com tattoosh | ygrant@gmail.o | com | | | | | | | | | | |
| I | Iealth I | Distric | t: Ha | amilton County | Inspector(s): | 1 | Nick | Siefk | er | | | | | | | |
| - | | | | propriate column to denote complia | | | ates a | ın obse | ervatio | on rel | ating to | this regula | ation w | as noted in the co | mment | ts section of |
| | | | | necessarily mean the facility was o | | | | | | | | | | | | |
| Τ | This is a | a: 🗆 | Coı | mprehensive Inspection | artial Inspection | ☐ Re | insp | ection | . | X Li | icensin | ng Inspect | ion | ▼ Com | ments | on Back |
| Yes | See | NA | | | | | Yes | See | NA | | | | | | | |
| | Note | or DNI | | | | | | Note | or DNI | | | | | | | |
| _ | _ | | | rd of Health Approval | | | \boxtimes | | | | | | | gle use, disposal | | |
| X X X | \vdash | | | Approval to operate Plan approval | | | \boxtimes | | | | | | | used and properl ments shall be si | | |
| X | Ħ | | | Written infection prevention : | and control plan | | $\overline{\mathbb{X}}$ | | H | | | | | s to address flow | | |
| X | | | | Services not performed outside | the premises, | | X | | | | | | | eaned and disinfe | | |
| | 3701 | -0-04 | | except as approved ty & Sanitation Standards | | | X | | | (| | | | pigments, ointme tic technique and | | |
| \boxtimes | | | | Premises at least 100 square feet | İ | | | | | | cor | ntaminate | the or | iginal container; | single | e use applicators |
| X X | | | | ach individual shall have at lea | | | \boxtimes | | | | | - | - | uipment disinfe | | |
| X X | | | | Complete privacy is available, if Entire procedure room and equip | | | X | | | (| | | | d gloves worn de sterilizing proce | | cieaning, |
| | ш | | | a clean, sanitary condition and | | | X | | | | Each 1 | patron pro | ovided | verbal and write | ten aft | |
| X | | | | 0 foot-candles of light at tattoo | | | \boxtimes | | | | | | | mplaint of infec | | |
| X | | | | All floors impervious, smooth, vall tables and other equipment e | | | M M | \exists | H | | | | | accordance with es maintained for | | |
| \times | | | | testrooms available to employee | | | | | _ | ` ′ | inclu | des: name | , addr | ess, date, placen | nent of | f procedure |
| X | | | | o tattoo equipment or supplies | | | | | | | | | | ers, manufacture ial composition, | | |
| X X | | | | Hand washing sink in close prox No exposed plumbing creating p | | or | | 370 | 1-9-0 | 5 Ac | | - | | nts for Tattoo S | | |
| \boxtimes | H | | | losed receptacles for disposal or | | | X | | | | Area | to be tatto | oed cl | eaned with soap | and v | water then |
| _ | _ | | | ressings, and trash | | | | | | | | red with a use appli | | septic solution a | pplied | with |
| X | | | | nimals not permitted in establis No food or drink consumed, con | | led, | \boxtimes | | | (B) | | | | to skin, includin | g sten | cils, must be |
| | _ | . | C | osmetics applied, personal groo | ming performed | , | _ | _ | _ | (C) | single | | | 1 | | 1.16 |
| | | | | aporizing devices handled, or si | milar activities | in | X | Ш | Ш | (C) | | • | | ly manufactured able containers f | | |
| \boxtimes | | | | attoo/b.p. or sterilization areas Vater/wastewater systems, solid | waste disposal, | | | | | | excess | s dye with | ı clean | , absorbent, disp | osable | e materials. |
| | _ | | | nd Infectious waste disposal me | | S | X | | | (D) | | _ | | | | tiseptic solution ng. Non-medica |
| X | H | | | Artists have received appropriat nfection prevention and control | | date | | | | | | | | nall not be used. | aressi. | ng. I von medica |
| X | ä | _ | (O) Artist restrictions | plan Rept up to | auto | | 370 | 1-9-0 | 6 A | ddition | nal Body | Pierci | ng Services | | | |
| X | | | | estrictions on procedures for pe | | | | | X | (A) | | | | eaned with soap | | |
| X | Ш | □ (| | Patrons with conditions which c ealing process | ould affect the | | | | | | | | _ | tic solution. Ora free antiseptic | _ | |
| X | | | R) E | Body art procedures performed | only on a healthy | 7 | _ | | | | labret, | , or cheek | pierci | ng shall follow | both p | rocedures. |
| | | C | | kin surface Observe standard precautions in | accordance with | | | | X | (B) | - | | - | ry made of AST lid 14 or 18 kara | | |
| | | | tŀ | ne following: | | | | | | | platin | um shall l | e plac | ed in a new pier | | Mill certificates |
| X | | | (1) | Sterile instruments and asepticall times | techniques use | d at | | | | | | | | d at facility. | | |
| X | | | | Hand washing before and afte Disposable gloves worn durin | | | | | | | | | | | | |

(3) Disposable gloves worn during entire procedure including setup and tear down. Gloves must be

changed/replaced as necessary

| Yes | See | NA | | Yes | See | NA | |
|---|--|-------------|--|----------|-----------|-------------|--|
| | Note | or DNI | , | | Note | or DNI | |
| | 3701 | | 7 Ear Piercing Gun Standards | | | <u> </u> | (B) Monitor the function of sterilizers with the following: |
| H | H | | 1 00 | Ш | П | \times | (1) Sterilization pouches with process indicator that changes color |
| H | H | | (C) Ear piercing gun cleaned/disinfected after each use | | | X | (2) Sterilization integrator used in each load |
| | | | (D) Gun stored in covered container or cabinet | | | \boxtimes | (3) Weekly biological indicator tests submitted to lab(C) Documentation that indicators, integrators and biological |
| | | X | (E) Patron notification of disinfection frequency/methods | Ш | Ш | | tests were performed. Records are Maintained for 2 years |
| | 37 | 01-9 | -08 Sterilize & Disinfection Procedures | | | | and includes the following: |
| | | | (A) All non disposable equipment shall be cleaned and sterilized in the following manner: | | | X | (1) Date and time the load was run |
| | | X | (1) Soaked in an enzymatic pre-cleaner | H | \exists | \boxtimes | (2) Name of person who ran the load(3) Results of integrator |
| | | \times | (2) Rinsed and patted dry | Ħ | Ħ | \boxtimes | (4) Report from lab on biological indicator test |
| | | \boxtimes | (3) Disassembled or placed in open position | × | | | (C) Documentation kept in each patrons file for needles and |
| H | | \boxtimes | (4) Visually inspected for cleanliness and damage(5) Cleaned in tepid water and appropriate detergent | П | П | \boxtimes | instruments used on that patron. (D) New and replacement sterilizers shall be designed to |
| | | \boxtimes | (6) Fully submerged in disinfectant per manufacturer | ш | Ш | | sterilize hollow instruments and equipped with |
| | | \times | (7) Rinsed and patted dry | | | | mechanical drying cycle |
| Ш | | \times | (8) Placed in ultrasonic unit filled with appropriate solution per manufacturer | Ш | Ш | × | (E) If wetness/moisture remains in/on pouches or if sterilizer malfunctions then instruments shall be considered |
| | | \times | (9) Rinsed and air dried | | | | contaminated and re-packaged/re-sterilized |
| | | X | (10) Individually packed in sterilization pouches. | × | | | (F) Sterilized instruments remain in pouches until use |
| П | П | \boxtimes | Each pouch labeled with date of processing (11) Sterilized in a steam sterilizer | | \Box | \square | (G) Malfunctioning sterilizer not used until repaired or replaced(H) Sterilized instruments stored in pouches, handled with |
| | | X | Ultrasonic units and steam sterilizers used, cleaned, and | | | | gloves, stored in clean, dry, closed area. Re-sterilized if |
| | | | maintained according to manufacturer. Records of | П | П | \boxtimes | integrity of pouch is compromised. (I) Instruments re-sterilized after 1 year |
| | | | maintenance kept for 2 yrs. | Ц | Ш | | (1) Instruments re-stermized after 1 year |
| F | | _ | etion Remarks | | | | |
| - 1 | | • | icensed to perform tattoo procedures only approved to use only pre-sterilized instruments at t | hic t | ma | | |
| ľ | acii | ity o | approved to use only pre-stermized instruments at t | .1115 t. | iiic | | |
| I | Floor | s, w | valls, and tables were all smooth, washable, and clo | eana | ole. | | |
| A hand washing sink is present separate from the bathroom. | | | | | | | |
| 5 | Sharps containers and closed waste receptacles are present in each tattoo station. | | | | | | |
| IPCP was submitted prior to the inspection. All equipment and supplies noted in the IPCP were present at the facility during the inspection. Ensure any dressing used after a tattoo procedure meets all the requirements of OAC 3701-09-05(D). Dressing mu | | | | | | | |
| | | | | | | | ity dyning the inspection |
| | | | | | | | ity during the hispection. |
| | | | | | | | ents of OAC 3701-09-05(D). Dressing must be |
| sterile and not water or air tight. Dressings shall be individually packaged to maintain their sterility until use. | | | | | | | |
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| | | | Nick Siefker | n | 1 | R | June 14, 2017 |
| | Prin | nt Na | ame of Inspector Completing Form | Ins | pecto | r's S | ignature Date |