

Body Art Establishment 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

Fa	cility	Name: 1	Brow Envy	Date	: 4	1/12/2	017	Time:	2:00pm	Jurisdiction:	Glendale
Fa	cility	Address	: 21 Village Square					F	acility Phone #:		
O ₁	perato	r Name:	Amber Harrison					Ор	erator Phone #:		
_		Email:									
			Hamilton County Inspe	ector(s):	Cale	eb Pas	·				
_			appropriate column to denote compliance status					on relating t	o this regulation	was noted in the cor	mments section of
			not necessarily mean the facility was out of com								
T	his is a	a: 🗵 C	Comprehensive Inspection	pection	Reinsp	ection	ı	☐ Licensi	ng Inspection	⊠ Comr	nents on Back
Yes	See	NA			Yes	See	NA				
	Note	or DNI				Note	or DNI				
_	3701		oard of Health Approval			\boxtimes				ngle use, disposab	
N N	\forall		Approval to operate Plan approval		\boxtimes					used and properly aments shall be sin	
$XX \square X$	\boxtimes		(8) Written infection prevention and conti	rol plan			Ħ		-		of or absorb blood
X) Services not performed outside the prem		X X			(8) Pr	ocedure areas c	leaned and disinfe	ected
	2501	0.04 %	except as approved		\times						ents dispensed and
×	3/01		fety & Sanitation Standards Premises at least 100 square feet							ptic technique and riginal container;	single use applicator
\boxtimes			Each individual shall have at least 36 squ	are feet	\times			(10) N	Non-single use e	equipment disinfec	cted and sterilized
X			Complete privacy is available, if desired.		×					nd gloves worn du I sterilizing proced	
	\times	☐ (B)	Entire procedure room and equipment main a clean, sanitary condition and in good			\boxtimes	П			d verbal and writt	
\times		(C)	40 foot-candles of light at tattoo level	терин.	\boxtimes			(U) Noti	fy HD when a c	omplaint of infect	tion received
\times			All floors impervious, smooth, washable			\boxtimes				n accordance with	
M			All tables and other equipment easily cle		Ш	\times	Ш			res maintained fo ress, date, placem	
			Restrooms available to employees and pa No tattoo equipment or supplies stored in					ink o	colors, lot numb	ers, manufacturer	s jewelry used
\square	\times		Hand washing sink in close proximity of							rial composition,	
\times			No exposed plumbing creating potential	hazard	[C]	370	1-9-0			ents for Tattoo Secleaned with soap	
X		(I)	Closed receptacles for disposal of gloves, dressings, and trash		\times	Ш	Ш			iseptic solution ap	
×			Animals not permitted in establishment					singl	e use applicator		
X		(K)	No food or drink consumed, contact lens		×			-	products applied e use	to skin, including	g stencils, must be
			cosmetics applied, personal grooming per vaporizing devices handled, or similar ac		X					ally manufactured	inks intended for
			tattoo/b.p. or sterilization areas		_					sable containers for	
X		(L)	Water/wastewater systems, solid waste d		X	П	П			n, absorbent, disp	osable materials. ate antiseptic solution
X	П	☐ (M)	and Infectious waste disposal meets requi-) Artists have received appropriate trainin			ш	П		_		dressing. Non-medica
\boxtimes			Infection prevention and control plan kep					use	paper products	shall not be used.	
X		_ ` ′	Artist restrictions		_	3701	1-9-0		nal Body Piero		
\boxtimes	H		Restrictions on procedures for persons un Patrons with conditions which could affe		×	Ш	Ш			leaned with soap of the solution. Oral	
	Ш		healing process	ct the						ol free antiseptic r	
X		(R)	Body art procedures performed only on a	healthy						cing shall follow b	
		(S)	skin surface Observe standard precautions in accordar	nce with	×	Ш	Ш			elry made of ASTI polid 14 or 18 kara	t gold, niobium, or
_	_		the following:					platii	num shall be pla	nced in a new pier	cing. Mill certificates
X			 Sterile instruments and aseptic techniq all times 	ues used at				for je	ewelry maintain	ed at facility.	
\times			(2) Hand washing before and after each pr(3) Disposable gloves worn during entire p								

(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			Note	or DNI			
	3701 □	7 Ear Piercing Gun Standards (A) Training records for ear piercing gun		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	\exists	H	(2) Sterilization integrator used in each load(3) Weekly biological indicator tests submitted to lab		
	\forall	☑ (D) Gun stored in covered container or cabinet☑ (E) Patron notification of disinfection frequency/methods	\boxtimes			(C) Documentation that indicators, integrators and biological		
	37	01-9-08 Sterilize & Disinfection Procedures				tests were performed. Records are Maintained for 2 years and includes the following:		
		(A) All non disposable equipment shall be cleaned and sterilized in the following manner:	\boxtimes			(1) Date and time the load was run		
X		(1) Soaked in an enzymatic pre-cleaner	\boxtimes			(2) Name of person who ran the load(3) Results of integrator		
N N		(2) Rinsed and patted dry	X			(4) Report from lab on biological indicator test		
\boxtimes	H	 (3) Disassembled or placed in open position (4) Visually inspected for cleanliness and damage 	\times			(C) Documentation kept in each patrons file for needles and instruments used on that patron.		
X		(5) Cleaned in tepid water and appropriate detergent	X			(D) New and replacement sterilizers shall be designed to		
\boxtimes	H	☐ (6) Fully submerged in disinfectant per manufacturer☐ (7) Rinsed and patted dry				sterilize hollow instruments and equipped with mechanical drying cycle		
\boxtimes		(8) Placed in ultrasonic unit filled with appropriate	X			(E) If wetness/moisture remains in/on pouches or if sterilizer		
X	П	solution per manufacturer (9) Rinsed and air dried				malfunctions then instruments shall be considered contaminated and re-packaged/re-sterilized		
X	\exists	(10) Individually packed in sterilization pouches.	\boxtimes			(F) Sterilized instruments remain in pouches until use		
\boxtimes	П	Each pouch labeled with date of processing [11] Sterilized in a steam sterilizer	\boxtimes	H	H	(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 maintenance kept for 2 yrs.	X	П	П	integrity of pouch is compromised. (I) Instruments re-sterilized after 1 year		
	Ins	pection Remarks				•		
Ī		ninary Inspection						
-	Fac	ility will only be conducting microblading.						
 Facility kept in a clean and sanitary condition. Operator stated she will use single use, presterilized pens and blades for the procedures. IPCP, aftercare instructions, and customer paperwork reviewed during the inspection. 								
Restrooms are available to customers down the hall.A sink with hot water is located in the procedure room.								
-	•	erator certification and trainings were provided during t	1.					
ľ	Sna	rps container was observed during the inspection.						
L			1					
		Caleb Pass	La	li	6	April 12, 2017		
Print Name of Inspector Completing Form			Insp	pecto	r's Si	ignature Date		