

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	acility	Name: I	Elizabeth Renner @ I	Revive Salon & Spa	Date:	10)/23/2	017	Ti	me:	11:00 AM	J	urisdiction:	Green Twp	
Fa	acility	Address	: 7024 Harrison Av	enue Unit 3						Fac	ility Phone	#:			
О	perato	r Name:	Elizabeth Renner							Oper	ator Phone	#:			
Fa	acility	Email:	bethrenner1@gmail	com											
Н	ealth I	District:	Hamilton County	Inspector(s)	: 1	Nick S	Siefk	er							
				enote compliance status. "See N											
th	e report			facility was out of compliance											
T	his is a	a: 🗆 C	Comprehensive Inspec	etion Partial Inspection	☐ Re	inspe	ection		X Lio	censing	g Inspection		▼ Com	ments on Back	
Yes	See	NA				Yes	See	NA							
	Note						Note	DNI							
	3701		oard of Health Appr Approval to operate			X X							e use, disposated and properly	ble needles used	
X X X X	H		Plan approval			X X	H	H					nts shall be si		
X				prevention and control plan										of or absorb blood	d
M	Ш	□ (M)	except as approved	med outside the premises,		X X X		\Box		-			ed and disinfe	ected ents dispensed and	ı
	3701	-9-04 Sa	fety & Sanitation St	andards				ш	()				technique and		
\boxtimes		= ' '	Premises at least 10	•		◡			(1					single use applica cted and sterilized	
\times				I have at least 36 square fee available, if desired.		X X	H	H						uring cleaning,	
\overline{X}	ä	_	Entire procedure ro	om and equipment maintaine	ed		_	_	(TD)				rilizing procee		
X		□ (C)	in a clean, sanitary of 40 foot-candles of leading of leading to the sanitary of the sanitary	ondition and in good repair.		X X	\exists	H					erbal and writt plaint of infec		
\boxtimes	H			is, smooth, washable surface		\boxtimes								n OAC 3745-27	
X		(E)	All tables and other	equipment easily cleanable		X							maintained fo		
		☐ (F)		to employees and patrons or supplies stored in restroo	ım									nent of procedure rs jewelry used	
X	H			in close proximity of operate										manufacturer	
X		(H)	No exposed plumbi	ng creating potential hazard			3701	1-9-0					for Tattoo So		
X	Ш	☐ (I)	Closed receptacles for dressings, and trash	or disposal of gloves,		×	Ш	Ш					ned with soap otic solution ap	and water then	
X			Animals not permitte			_	_	_	5	single	use applicat	or			
X		(K)		nsumed, contact lenses hand ersonal grooming performed		×	Ш	Ш		All pro single i		ed to s	skin, including	g stencils, must be	
				andled, or similar activities		X			(C)	Use on	ly commerc	•		inks intended for	
	_		tattoo/b.p. or steriliz											or inks. Remove oosable materials.	
×	Ш	☐ (L)		ystems, solid waste disposal, disposal meets requirement		X			(D)	Wash	completed t	attoo v	with appropria	ate antiseptic solut	
X			Artists have receive	ed appropriate training									ve, singe use of the last of t	dressing. Non-med	lica
X		=	(N) Infection prevention and control pla(O) Artist restrictions	and control plan kept up to	date		3701	1-9-0		-	al Body Pie				
	Ħ	= ` `	(P) Restrictions on procedures for persons under 18					X			-	_		& water, then	
		(Q)	(Q) Patrons with conditions which could affect the										l piercing patrons		
X	П	☐ (R)	healing process Body art procedures	performed only on a health	y									mouthwash. Lip, both procedures.	
_	_	_	skin surface					X	(B)	Only s	erialized jev	welry	made of AST	M F136 titanium,	
		(3)	the following:	ecautions in accordance with	1									t gold, niobium, or cing. Mill certifica	
X				s and aseptic techniques use	d at						elry mainta		_	ū	
×	□			fore and after each procedur											
\times			 Disposable glove 	s worn during entire procedu	ire										

including setup and tear down. Gloves must be

changed/replaced as necessary

Yes	See	NA		Yes	See	NA		
	Note				Note	DNI		
П	3701		7 Ear Piercing Gun Standards (A) Training records for ear piercing gun	П	П	\boxtimes	(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	H	H	\boxtimes	(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	H	H	\boxtimes	(C) Documentation that indicators, integrators and biological	
Ш	⊔ 37		-08 Sterilize & Disinfection Procedures				tests were performed. Records are Maintained for 2 years	
	51		(A) All non disposable equipment shall be cleaned and	П	П	\boxtimes	and includes the following: (1) Date and time the load was run	
_	_	-	sterilized in the following manner:			\times	(2) Name of person who ran the load	
H	H	\boxtimes	 Soaked in an enzymatic pre-cleaner Rinsed and patted dry 			\boxtimes	(3) Results of integrator	
	Ħ	\times	(3) Disassembled or placed in open position		H	\square	(4) Report from lab on biological indicator test(C) Documentation kept in each patrons file for needles and	
		\times	(4) Visually inspected for cleanliness and damage		_		instruments used on that patron.	
H	H	X	(5) Cleaned in tepid water and appropriate detergent(6) Fully submerged in disinfectant per manufacturer			X	(D) New and replacement sterilizers shall be designed to sterilize hollow instruments and equipped with	
		X	(7) Rinsed and patted dry				mechanical drying cycle	
		X	(8) Placed in ultrasonic unit filled with appropriate			\times	(E) If wetness/moisture remains in/on pouches or if sterilizer malfunctions then instruments shall be considered	
П	П	\times	solution per manufacturer (9) Rinsed and air dried				contaminated and re-packaged/re-sterilized	
		\boxtimes	(10) Individually packed in sterilization pouches.	\boxtimes			(F) Sterilized instruments remain in pouches until use	
П	П	\boxtimes	Each pouch labeled with date of processing (11) Sterilized in a steam sterilizer			\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 maintenance kept for 2 yrs.	\times	П	П	integrity of pouch is compromised. (I) Instruments re-sterilized after 1 year	
	Inc		tion Remarks				,,	
Γ,			y is licensed to perform tattoo procedures**					
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4	Appl	icati	on, Plan Review Request, and IPCP were provided	d du	ring	the i	nspection.	
			ion from Green Twp Zoning was provided during	the i	nspe	ctior	1.	
4	Floor plan drawing provided during inspection.							
	All equipment and materials listed in the facility's IPCP were present during the inspection.							
Tables, walls, floors, and counters in the procedure room were all smooth and cleanable. Sink with hot water present in the procedure room. Sharps containers and a IW bin with red bags located in the procedure room for proper disposal of IW. Facility uses only pre-sterilized equipment which is disposed of after use.							* ^	
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							e.	
ľ	Copy of client service records template provided during inspection. Operator indicated that packaging from pre-sterilized equipment is also kept in each patrons file.							
operator moreated that packaging from pre-sternized equipment is also kept in each patrons me.								
L		/						
			Nick Siefker	n	1	A:	October 23, 2017	
	Prin	nt Na	me of Inspector Completing Form	Ins	pecto	r's S	ignature Date	