

## **Body Art Establishment Inspection Checklist**

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| Fa             | cility           | Name: Fi | ve Seasons Country Club  |                            | Date:      | 6/1                     | 4/20                    | 17          | Т        | ime:     | 11:00AN  | Л      | Jurisdiction:                       | Sycamor     | re Twp          |
|----------------|------------------|----------|--|----------------------------|------------|-------------------------|-------------------------|-------------|----------|----------|--|--------|-------------------------------------|-------------|-----------------|
| Fa             | cility           | Address: | 11790 Snider Road  |                            |            |                         |                         |             |          | Fac      | ility Phone  | e #:   |                                     |             |                 |
| O <sub>1</sub> | perato           | r Name:  |  |                            |            |                         |                         |             |          | Oper     | ator Phone   | e #:   |                                     |             |                 |
| Fa             | cility           | Email:   |  |                            |            |                         |                         |             |          |          |  |        |                                     |             |                 |
|                |                  |          | amilton County   | Inspector(s):              | (          | Caleb                   | Pass                    |             |          |          |  |        |                                     |             |                 |
| _              |                  |          | propriate column to denote co  |                            |            |                         |                         |             | n rela   | ating to | this regulati  | ion wa | as noted in the c                   | comments s  | ection of       |
|                |                  |          | t necessarily mean the facility  |                            |            |                         |                         |             |          |          |  |        |                                     |             |                 |
| T              | his is a         | a: 🗷 Co  | mprehensive Inspection   | ☐ Partial Inspection       | ☐ Rei      | nspect                  | tion                    | [           | ☐ Li     | censing  | g Inspection   | n      | X Con                               | nments on   | Back            |
| Yes            | See              | NA<br>or |  |                            | Y          | es S                    | ee                      | NA<br>or    |          |          |  |        |                                     |             |                 |
|                | Note <b>3701</b> |          | and of Hoolth Annuaval   |                            |            |                         |                         | DNI         | (        | 4) Only  | v stonilisso   | 1 ain. | ala usa dismos                      | ahla maadi  | on used         |
| X              | 5/01             |          | ard of Health Approval Approval to operate   |                            |            |                         | $\overline{\mathbb{Z}}$ | $\parallel$ |          |          |  |        | gle use, disposused and prope       |             |                 |
| $XX \square X$ |                  | (B) I    | Plan approval  |                            | Ī          | $\times$                |                         |             | (        | 6) All 1 | marking in   | ıstrun | nents shall be                      | single use  |                 |
|                | M                |          | <ul><li>Written infection preve</li><li>Services not performed out</li></ul>   |                            | [          |                         |                         |             |          | -        | -  |        | to address flo<br>aned and disin    |             | sorb blood      |
|                | _                |          | except as approved   |                            |            |                         | =                       | H           |          |          |  |        | oigments, ointr                     |             | ensed and       |
|                | 3701             |          | ety & Sanitation Standar   |                            |            |                         |                         |             |          |          |  |        | ic technique a                      |             |                 |
|                | $\exists$        |          | Premises at least 100 squa<br>Each individual shall have   |                            | [          | <b>X</b> [              | 7                       | П           | (        |          |  |        | ginal containe<br>uipment disinf    |             |                 |
| $\times$       | H                |          | Complete privacy is availa   |                            |            | $\overline{\mathbb{Z}}$ | 5                       |             |          | 11) Ha   | nd washin  | g and  | d gloves worn                       | during clea |                 |
|                | $\times$         |          | Entire procedure room and  |                            | d<br>F     | <b>X</b> [              | _                       | П           | (T)      |          |  |        | sterilizing proc<br>verbal and wri  |             | rare            |
|                |                  |          | in a clean, sanitary condition and in good repair.  40 foot-candles of light at tattoo level   |                            |            |                         | 5                       | $\exists$   |          |          |  |        | mplaint of infe                     |             |                 |
|                |                  |          | D) All floors impervious, smooth, washable surface E) All tables and other equipment easily cleanable F) Restrooms available to employees and patrons  |                            |            |                         | $\boxtimes$             |             |          |          |  |        | accordance wi                       |             |                 |
|                |                  |          |  |                            |            | <b>X</b> [              |                         | Ш           | (w)      |          |  |        | es maintained tess, date, place     |             |                 |
| $\times$       |                  |          | No tattoo equipment or sup   |                            | m          |                         |                         |             |          | ink co   | lors, lot nu   | umbei  | rs, manufactur                      | ers jewelr  | y used          |
|                | $\boxtimes$      |          | G) Hand washing sink in close proximity of operators   |                            | r          | 1                       | 2701                    | 0.04        | <b>.</b> |          |  |        | al composition ts for Tattoo        |             | cturer          |
| $\boxtimes$    | R                |          | No exposed plumbing creations of the common control of the common control of the common control of the common control of the c |                            | [          |                         | ,,,o.r.                 |             |          |          |  |        | eaned with soa                      |             | er then         |
| _              | _                | d        | ressings, and trash  | -                          | _          |                         |                         |             |          |          |  |        | eptic solution                      | applied w   | ith             |
| N<br>N         | H                |          | Animals not permitted in early No food or drink consume  |                            | ed.        | XI [                    | 7                       | П           |          |          | use applicated applications applicated applications applicated applications applica |        | o skin, includi                     | ng stencils | s, must be      |
|                | ш                | _ c      | cosmetics applied, persona   | l grooming performed       | , _        |                         | _                       | _           |          | single   | use  |        |                                     |             |                 |
|                |                  |          | vaporizing devices handled attoo/b.p. or sterilization a   | led, or similar activities | n L        | <b>X</b> [              |                         | Ш           |          |          | nly commercially manufactured inks in<br>ing. Use disposable containers for inks   |        |                                     |             |                 |
| $\times$       |                  |          | Water/wastewater systems   |                            | _          |                         |                         | _           |          | excess   | dye with o   | clean, | , absorbent, dis                    | sposable n  | naterials.      |
| <b>.</b>       |                  |          | and Infectious waste dispo   |                            | s <b>L</b> | × L                     |                         | Ш           | (D)      |          |  |        | o with appropositive, singe use     |             |                 |
| $\boxtimes$    | $\forall$        |          | Artists have received appr<br>Infection prevention and c   |                            | date       |                         |                         |             |          |          |  |        | all not be used                     |             | 11011 11100101  |
| X              |                  |          | Artist restrictions  |                            | _          |                         | <b>3701</b> -           | -9-06       |          |          | •  |        | ng Services                         |             |                 |
| $\boxtimes$    |                  |          | Restrictions on procedures   |                            |            | $\boxtimes$             |                         |             | (A)      |          | _  |        | eaned with soap<br>tic solution. Or | -           |                 |
| $\boxtimes$    | Ш                |          | (Q) Patrons with conditions which could affect the healing process   |                            |            |                         |                         |             | provi    |          |  |        | free antiseptic                     |             |                 |
| X              |                  |          | Body art procedures perfor skin surface  | med only on a healthy      | _          | <b>□</b> Γ              | _                       |             |          |          |  |        | ng shall follow<br>y made of AS     |             |                 |
|                |                  |          | Observe standard precaution  | ons in accordance with     | Ŀ          | × [                     | _                       | ш           | (D)      |          |  |        | id 14 or 18 kar                     |             |                 |
|                |                  |          | he following: ) Sterile instruments and a  | asentic techniques uses    | l at       |                         |                         |             |          |          |  |        | ed in a new pic                     | ercing. Mi  | ll certificates |
| ×              | П                | _        | all times  |                            |            |                         |                         |             |          | ioi jew  | ciry maini   | amec   | d at facility.                      |             |                 |
| $\times$       |                  |          | <ul><li>Hand washing before an<br/>Disposable gloves worn</li></ul>  |                            |            |                         |                         |             |          |          |  |        |                                     |             |                 |

including setup and tear down. Gloves must be

changed/replaced as necessary

| es See   | NA<br>or   | Yes   | See   | NA or      |  |
|--|--|---|-------|------------|--|
|  | DNI 1-9-07 Ear Piercing Gun Standards  |   | Note  | DNI        | (B) Monitor the function of sterilizers with the following:  |
|  | (A) Training records for ear piercing  |   |       |            | (1) Sterilization pouches with process indicator that  |
|  | <ul><li>☒ (B) Disposable gloves shall be used</li><li>☒ (C) Ear piercing gun cleaned/disinfe</li></ul>   |   |       |            | changes color (2) Sterilization integrator used in each load   |
|  |  | or cabinet  | H     |            | <ul><li>(3) Weekly biological indicator tests submitted to lab</li><li>(C) Documentation that indicators, integrators and biological</li></ul> |
|  | (E) Patron notification of disinfection  | ii frequency/methods —  | ш     | ш          | tests were performed. Records are Maintained for 2 years   |
| 3.   | <ul><li>701-9-08 Sterilize &amp; Disinfection Proceds</li><li>(A) All non disposable equipment sh</li></ul>  |   | П     | П          | and includes the following: (1) Date and time the load was run   |
| <b>.</b>   | sterilized in the following manne  | er: 🔀   |       | ፱          | (2) Name of person who ran the load  |
|  | <ul><li>(1) Soaked in an enzymatic pre-cl</li><li>(2) Rinsed and patted dry</li></ul>  | eaner 🔀   |       |            | <ul><li>(3) Results of integrator</li><li>(4) Report from lab on biological indicator test</li></ul>   |
|  | (3) Disassembled or placed in ope  | en position   |       |            | (C) Documentation kept in each patrons file for needles and  |
|  | <ul><li>(4) Visually inspected for cleanlin</li><li>(5) Cleaned in tepid water and approximately</li></ul>   |   | П     | П          | instruments used on that patron. (D) New and replacement sterilizers shall be designed to  |
|  | (6) Fully submerged in disinfectar   |   |       |            | sterilize hollow instruments and equipped with   |
| $\overline{\mathbb{X}} \square$                              | <ul> <li>(7) Rinsed and patted dry</li> <li>(8) Placed in ultrasonic unit filled</li> </ul>  | with appropriate  |       |            | mechanical drying cycle (E) If wetness/moisture remains in/on pouches or if sterilizer   |
|  | solution per manufacturer  |   |       |            | malfunctions then instruments shall be considered contaminated and re-packaged/re-sterilized   |
| $\stackrel{	ext{N}}{	ext{N}} \; \stackrel{	ext{L}}{	ext{D}}$ | <ul><li>(9) Rinsed and air dried</li><li>(10) Individually packed in sterili</li></ul>   | zation pouches.   |       |            | (F) Sterilized instruments remain in pouches until use   |
|  | Each pouch labeled with date  (11) Sterilized in a steam sterilize   |   |       |            | (G) Malfunctioning sterilizer not used until repaired or replaced (H) Sterilized instruments stored in pouches, handled with                   |
|  | Ultrasonic units and steam sterilizers   | used, cleaned, and  | П     | ш          | gloves, stored in clean, dry, closed area. Re-sterilized if  |
|  | maintained according to manufacture maintenance kept for 2 yrs.  | r. Records of   | П     | П          | integrity of pouch is compromised. (I) Instruments re-sterilized after 1 year  |
| In   | spection Remarks   | _   | _     |            | •  |
| - Al<br>- Al<br>- Sh<br>- Re<br>- Fa                         | and washing sink observed in close I surfaces and furniture are smooth I required paperwork was reviewed arps container was observed during estrooms area available to customers cility is using only pre-sterilized, properties of expired inks observed during the interest of the content of the | and easily cleanable.  the inspection. s in the facility. re-packaged equipment |       | rea.       |  |
| _  | Caleb Pass   |   |       | 8 - 14 4 8 | June 14, 2017  |
| Pri  | nt Name of Inspector Completing Form   | n Ins   | pecto | r's Si     | ignature Date  |