

## 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: Ir	k Star Tattoo Therapy		Date:	8/29/2	017	Т	Time:	12:00 PM	Jurisdiction:	Colerain Twp
Fa	acility	Address:	9145 Pippin Road						Fac	ility Phone #:		
0	perato	r Name:	Damien Lackey						Oper	ator Phone #:		
Fa	acility	Email:										
Н	ealth I	District: H	amilton County	Inspector(s):	Tony	Schoe	nlein					
			propriate column to denote compliance t necessarily mean the facility was our									
Т	his is a	a: 🗌 Co	mprehensive Inspection D Par	tial Inspection	□ Reins	pection	n	🗵 Li	icensing	g Inspection	× Con	nments on Back
Yes XXXX XXXX XXXXXXXXXXXXXXXXXXXXXXXXXX		-9-02 Boa (A) (B) (B) (B) (B) (C) (A) (A) (A) (A) (A) (A) (A) (A	ard of Health Approval Approval to operate Plan approval 3) Written infection prevention an Services not performed outside th except as approved ety & Sanitation Standards Premises at least 100 square feet Each individual shall have at least Complete privacy is available, if d Entire procedure room and equipm n a clean, sanitary condition and i 40 foot-candles of light at tattoo le All floors impervious, smooth, wa All tables and other equipment eas Restrooms available to employees Vo tattoo equipment or supplies st Hand washing sink in close proxin	e premises, 36 square feet esired. nent maintained n good repair. evel shable surface sily cleanable and patrons ored in restroom				() () () (() () () (U) (V)	<ol> <li>Disp</li> <li>Disp</li> <li>All 4</li> <li>Sing</li> <li>Proce</li> <li>Proce</li> <li>Soap</li> <li>app</li> <li>cont</li> <li>10) No</li> <li>11) Ha</li> <li>disp</li> <li>Each p</li> <li>Notify</li> <li>Dispose</li> <li>Recorr</li> <li>includ</li> <li>ink co</li> </ol>	posable razors marking instru- gle use product cedure areas cl ps, inks, dyes, lied using aser taminate the or on-single use e and washing ar sinfecting, and watron provided HD when a c sal of sharps ir d of procedu les: name, addu- lors, lot numb	used and proper iments shall be stated and disin- pigments, ointhe otic technique ar- riginal container quipment disinfe ad gloves worn of sterilizing proce- d verbal and wri- omplaint of infe- n accordance wit- res maintained f	ingle use w of or absorb blood fected hents dispensed and d so as not to ;; single use applicators ected and sterilized huring cleaning, edures tten aftercare ction received h OAC 3745-27 for 2 years and ment of procedure ers jewelry used
$\boxtimes$		(I) (I)	<ul> <li>(H) No exposed plumbing creating potential hazard</li> <li>(I) Closed receptacles for disposal of gloves,</li> </ul>	$\boxtimes$	370 □	1-9-0	<ul><li>9-05 Additional Requirements for Tattoo Services</li><li>(A) Area to be tattooed cleaned with soap and water then</li></ul>					
$\times$		$\Box (J) A$ $\Box (K)$	ressings, and trash mimals not permitted in establishing No food or drink consumed, contained personal amount	ct lenses handle	ed, 🗵			(B)	single	use applicator oducts applied	iseptic solution a to skin, includin	applied with ng stencils, must be
			cosmetics applied, personal groom apporizing devices handled, or sim attoo/b.p. or sterilization areas		n 🗵			(C)	Use or	nly commercia		d inks intended for for inks. Remove
$\mathbb{X}$		(L)	Water/wastewater systems, solid v ind Infectious waste disposal mee Artists have received appropriate Infection prevention and control p	ts requirements training	⊠ ate			(D)	Wash Use st	completed tatt erile, non-occl	oo with appropr	posable materials. iate antiseptic solution. dressing. Non-medical.
$\times$			Artist restrictions		_	370		<ul> <li><b>P-06 Additional Body Piercing Services</b></li> <li>✓ (A) Area to be pierced cleaned with soap &amp; water, then</li> </ul>			0 4 4	
$\times$		(Q)	Restrictions on procedures for person Patrons with conditions which council process				$\times$	(A)	prepare	ed with antisep	ptic solution. Or	al piercing patrons mouthwash. Lip,
$\times$		(R) (R) (S) (C)	Body art procedures performed on kin surface Dbserve standard precautions in ac he following:				$\times$		labret, Only s ASTM	or cheek pierc erialized jewe F138 steel, so	ing shall follow lry made of AS blid 14 or 18 kar	both procedures. FM F136 titanium, at gold, niobium, or ercing. Mill certificates
$\times$			<ul> <li>Sterile instruments and aseptic t all times</li> </ul>	echniques used	at					elry maintaine		
$\times$			<ul> <li>Hand washing before and after ()</li> <li>Disposable gloves worn during including setup and tear down.</li> </ul>	entire procedure								

changed/replaced as necessary

Yes	See	NA	Yes	See	NA				
	Note <b>3701-</b>	DNI -9-07 Ear Piercing Gun Standards		Note	DNI	(B) Monitor the function of sterilizers with the following:			
		<ul> <li>(A) Training records for ear piercing gun</li> <li>(B) Disposable gloves shall be used and available</li> </ul>			$\times$	(1) Sterilization pouches with process indicator that changes color			
		<ul> <li>∑ (D) Disposable gives shall be used and available</li> <li>∑ (C) Ear piercing gun cleaned/disinfected after each use</li> <li>∑ (D) Gun stored in covered container or cabinet</li> <li>∑ (E) Patron notification of disinfection frequency/methods</li> </ul>			$\times$	<ul> <li>(2) Sterilization integrator used in each load</li> <li>(3) Weekly biological indicator tests submitted to lab</li> <li>(C) Documentation that indicators, integrators and biological tests were performed. Records are Maintained for 2 years</li> </ul>			
	3701-9-08 Sterilize & Disinfection Procedures         (A) All non disposable equipment shall be cleaned and sterilized in the following manner:         □       X         (1) Soaked in an enzymatic pre-cleaner         □       X         (2) Rinsed and patted dry         □       X         (3) Disassembled or placed in open position         □       X         (4) Visually inspected for cleanliness and damage         □       X         (5) Cleaned in tepid water and appropriate detergent         □       X         (6) Fully submerged in disinfectant per manufacturer				$\mathbb{X}$ $\mathbb{X}$ $\mathbb{X}$ $\mathbb{X}$	<ul> <li>and includes the following:</li> <li>(1) Date and time the load was run</li> <li>(2) Name of person who ran the load</li> <li>(3) Results of integrator</li> <li>(4) Report from lab on biological indicator test</li> <li>(C) Documentation kept in each patrons file for needles and instruments used on that patron.</li> <li>(D) New and replacement sterilizers shall be designed to sterilize hollow instruments and equipped with</li> </ul>			
		<ul> <li>(7) Rinsed and patted dry</li> <li>(8) Placed in ultrasonic unit filled with appropriate</li> </ul>			$\times$	<ul><li>mechanical drying cycle</li><li>(E) If wetness/moisture remains in/on pouches or if sterilizer malfunctions then instruments shall be considered</li></ul>			
		<ul> <li>solution per manufacturer</li> <li>(9) Rinsed and air dried</li> <li>(10) Individually packed in sterilization pouches. Each pouch labeled with date of processing</li> <li>(11) Sterilized in a steam sterilizer</li> <li>☑ Ultrasonic units and steam sterilizers used, cleaned, and</li> </ul>			$\mathbb{X}$	<ul><li>contaminated and re-packaged/re-sterilized</li><li>(F) Sterilized instruments remain in pouches until use</li><li>(G) Malfunctioning sterilizer not used until repaired or replaced</li><li>(H) Sterilized instruments stored in pouches, handled with gloves, stored in clean, dry, closed area. Re-sterilized if</li></ul>			
		maintained according to manufacturer. Records of maintenance kept for 2 yrs.			$\times$	<ul><li>integrity of pouch is compromised.</li><li>(I) Instruments re-sterilized after 1 year</li></ul>			
_	Ins	pection Remarks							
F	Facili	ty clean and sanitary at time of inspection.							
Т	raini	ing complete and up-to-date.							
<	> rei	new blood borne pathogens by October expiration.							
		t records. Intinue to accurately document inks and lots #s.							
L									

Tony Schoenlein

all

August 29, 2017

Date

Print Name of Inspector Completing Form