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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 hamilton county health.org

Fa	acility	Name: Mitchells Salon and Day Spa	Date:	7/17/20	017	Ti	me:	10:00AM	Jurisdiction:	Sycamore Twp
Fa	acility	Address: 5901 E Galbraith Road					Fac	ility Phone #:		
0	perato	or Name:					Oper	ator Phone #:		
Fa	acility	Email:								
Н	ealth I	District: Hamilton County Inspector(s):	Cal	eb Pas	s					
		X in the appropriate column to denote compliance status. "See No t. It does not necessarily mean the facility was out of compliance. T								
Т	his is a	a: 🛛 Comprehensive Inspection 🗌 Partial Inspection	Reins	pection		Lio	censing	g Inspection	X Cor	nments on Back
Yes	See Note 3701	-9-02 Board of Health Approval	Yes	See Note	NA or DNI				ngle use, dispos used and prope	able needles used
$X \square X$		 (A) Approval to operate (B) Plan approval (B)(8) Written infection prevention and control plan (M) Services not performed outside the premises, except as approved 	X X X X X X X X X X X X X X X X X X X			(6 (7 (8	 All 1 Sing Proc Soar 	marking instru le use produc cedure areas cl os, inks, dyes,	iments shall be ts to address flo leaned and disin pigments, ointr	single use w of or absorb blood fected nents dispensed and
XXX	3701	 -9-04 Safety & Sanitation Standards (A) Premises at least 100 square feet Each individual shall have at least 36 square feet Complete privacy is available, if desired. (B) Entire procedure room and equipment maintained 	X X X			(1	cont 0) No 1) Ha dis	aminate the o n-single use e nd washing ar infecting, and	quipment disinf	r; single use applicators ected and sterilized during cleaning, edures
	X X X X X	 in a clean, sanitary condition and in good repair. (C) 40 foot-candles of light at tattoo level (D) All floors impervious, smooth, washable surface (E) All tables and other equipment easily cleanable (F) Restrooms available to employees and patrons No tattoo equipment or supplies stored in restroom (G) Hand washing sink in close proximity of operator 				(U) (V) (W)	Notify Dispos Recor includ ink co	HD when a c sal of sharps in d of procedu es: name, add lors, lot numb	omplaint of infe n accordance wi res maintained r ress, date, place	ection received th OAC 3745-27 for 2 years and ment of procedure ers jewelry used
X		 (H) No exposed plumbing creating potential hazard (I) Closed receptacles for disposal of gloves, dressings, and trash 	X	3701	1-9-05	(A)	Area to prepare	b be tattooed of the beta to be tattooed of the beta to be tattoo be a construction of the beta to be construction of the beta to be a construction of the beta to be	iseptic solution	p and water then
X		 (J) Animals not permitted in establishment (K) No food or drink consumed, contact lenses handled 	ed, 🗙			(B)	All pro			ng stencils, must be
_	_	cosmetics applied, personal grooming performed, vaporizing devices handled, or similar activities in tattoo/b.p. or sterilization areas				(C)	tattooir	lly commercia 1g. Use dispos	sable containers	ed inks intended for for inks. Remove sposable materials.
X		 (L) Water/wastewater systems, solid waste disposal, and Infectious waste disposal meets requirements (M) Artists have received appropriate training 	X			(D)	Wash o Use st	completed tatt erile, non-occ	oo with appropr	riate antiseptic solution. e dressing. Non-medical
X	H	 (N) Infection prevention and control plan kept up to d (O) Artist restrictions 	ate	3701	1-9-06		-	al Body Pierc		•
X		 (P) Restrictions on procedures for persons under 18 (Q) Patrons with conditions which could affect the healing process 	X			(A)	Area to prepare	b be pierced c ed with antise	leaned with soap ptic solution. Or	p & water, then ral piercing patrons r mouthwash. Lip,
X		 (R) Body art procedures performed only on a healthy skin surface (S) Observe standard precautions in accordance with the following: 	X			(B)	labret, Only s ASTM	or cheek pierc erialized jewe F138 steel, so	ring shall follow lry made of AS olid 14 or 18 ka	⁷ both procedures. TM F136 titanium, rat gold, niobium, or ercing. Mill certificates
X		(1) Sterile instruments and aseptic techniques used all times	at					elry maintain		-
X		 (2) Hand washing before and after each procedure (3) Disposable gloves worn during entire procedure including setup and tear down. Gloves must be changed/replaced as necessary 						CONTIN	UED ON RE	VERSE SIDE

	See Note 3701	-9-07 × × × ×	(A) Train(B) Dispo(C) Ear p(D) Gun	osable gloves iercing gun c stored in cove	or ear piercing g shall be used an leaned/disinfect ered container o	nd available red after each use	Yes X X X	See Note	NA or DNI	 (B) Monitor the function of sterilizers with the following: (1) Sterilization pouches with process indicator that changes color (2) Sterilization integrator used in each load (3) Weekly biological indicator tests submitted to lab (C) Documentation that indicators, integrators and biological 	
N XX XXXXXXXX			08 Steril (A) All n steril (1) So (2) Ri (3) Di (4) Vi (5) Ch (6) Fu (7) Ri (8) Pla so (9) Ri (10) In E (11) S Ultrasonia maintaine	ize & Disinfe on disposable ized in the fol aked in an en nsed and patte sassembled o sually inspect eaned in tepic lly submerged nsed and patte aced in ultrase lution per ma nsed and air c ndividually pa ach pouch lab terilized in a c units and ste	equipment sha lowing manner: zymatic pre-cle ed dry r placed in open ed for cleanline water and appr d in disinfectant ed dry onic unit filled w nufacturer ried ucked in sterilize eled with date of steam sterilizer u o manufacturer.	res Il be cleaned and aner position ss and damage ropriate detergent per manufacturer with appropriate ation pouches. of processing used, cleaned, and	X X X X X X X X			 tests were performed. Records are Maintained for 2 years and includes the following: Date and time the load was run Name of person who ran the load Results of integrator Report from lab on biological indicator test Documentation kept in each patrons file for needles and instruments used on that patron. New and replacement sterilizers shall be designed to sterilize hollow instruments and equipped with mechanical drying cycle If wetness/moisture remains in/on pouches or if sterilizer malfunctions then instruments shall be considered contaminated and re-packaged/re-sterilized Sterilized instruments remain in pouches until use Malfunctioning sterilizer not used until repaired or replace Sterilized instruments stored in pouches, handled with gloves, stored in clean, dry, closed area. Re-sterilized if integrity of pouch is compromised. 	≥d
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Print Name of Inspector Completing Form

Callo Doo

July 17, 2017

Inspector's Signature

Date