



Body Art Establishment Inspection Checklist

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Facility Name: Queen of Brows Date: 6/6/2017 Time: 1:30PM Jurisdiction: Blue Ash

Facility Address: 9573 Kenwood Road Facility Phone #: _____

Operator Name: _____ Operator Phone #: _____

Facility Email: _____

Health District: Hamilton County Inspector(s): Caleb Pass

Place an X in the appropriate column to denote compliance status. "See Note" indicates an observation relating to this regulation was noted in the comments section of the report. It does not necessarily mean the facility was out of compliance. This checklist is not all inclusive of regulations applicable to body art facility operations.

This is a: Comprehensive Inspection Partial Inspection Reinspection Licensing Inspection Comments on Back

- | Yes | See
Note | NA
or
DNI | |
|--|-------------------------------------|--------------------------|--|
| 3701-9-02 Board of Health Approval | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (A) Approval to operate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (B) Plan approval |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (B)(8) Written infection prevention and control plan |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (M) Services not performed outside the premises, except as approved |
| 3701-9-04 Safety & Sanitation Standards | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (A) Premises at least 100 square feet |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Each individual shall have at least 36 square feet |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete privacy is available, if desired. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (B) Entire procedure room and equipment maintained in a clean, sanitary condition and in good repair. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (C) 40 foot-candles of light at tattoo level |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (D) All floors impervious, smooth, washable surface |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (E) All tables and other equipment easily cleanable |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (F) Restrooms available to employees and patrons |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No tattoo equipment or supplies stored in restroom |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (G) Hand washing sink in close proximity of operator |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (H) No exposed plumbing creating potential hazard |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (I) Closed receptacles for disposal of gloves, dressings, and trash |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (J) Animals not permitted in establishment |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (K) No food or drink consumed, contact lenses handled, cosmetics applied, personal grooming performed, vaporizing devices handled, or similar activities in tattoo/b.p. or sterilization areas |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (L) Water/wastewater systems, solid waste disposal, and Infectious waste disposal meets requirements |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (M) Artists have received appropriate training |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (N) Infection prevention and control plan kept up to date |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (O) Artist restrictions |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (P) Restrictions on procedures for persons under 18 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (Q) Patrons with conditions which could affect the healing process |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (R) Body art procedures performed only on a healthy skin surface |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (S) Observe standard precautions in accordance with the following: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1) Sterile instruments and aseptic techniques used at all times |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (2) Hand washing before and after each procedure |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (3) Disposable gloves worn during entire procedure including setup and tear down. Gloves must be changed/replaced as necessary |

- | Yes | See
Note | NA
or
DNI | |
|--|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (4) Only sterilized, single use, disposable needles used |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (5) Disposable razors used and properly disposed |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (6) All marking instruments shall be single use |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (7) Single use products to address flow of or absorb blood |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (8) Procedure areas cleaned and disinfected |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (9) Soaps, inks, dyes, pigments, ointments dispensed and applied using aseptic technique and so as not to contaminate the original container; single use applicators |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (10) Non-single use equipment disinfected and sterilized |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (11) Hand washing and gloves worn during cleaning, disinfecting, and sterilizing procedures |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (T) Each patron provided verbal and written aftercare |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (U) Notify HD when a complaint of infection received |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (V) Disposal of sharps in accordance with OAC 3745-27 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (W) Record of procedures maintained for 2 years and includes: name, address, date, placement of procedure ink colors, lot numbers, manufacturers jewelry used including size, material composition, manufacturer |
| 3701-9-05 Additional Requirements for Tattoo Services | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (A) Area to be tattooed cleaned with soap and water then prepared with an antiseptic solution applied with single use applicator |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (B) All products applied to skin, including stencils, must be single use |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (C) Use only commercially manufactured inks intended for tattooing. Use disposable containers for inks. Remove excess dye with clean, absorbent, disposable materials. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (D) Wash completed tattoo with appropriate antiseptic solution. Use sterile, non-occlusive, single use dressing. Non-medical use paper products shall not be used. |
| 3701-9-06 Additional Body Piercing Services | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (A) Area to be pierced cleaned with soap & water, then prepared with antiseptic solution. Oral piercing patrons provided with alcohol free antiseptic mouthwash. Lip, labret, or cheek piercing shall follow both procedures. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (B) Only serialized jewelry made of ASTM F136 titanium, ASTM F138 steel, solid 14 or 18 karat gold, niobium, or platinum shall be placed in a new piercing. Mill certificates for jewelry maintained at facility. |

CONTINUED ON REVERSE SIDE

Yes See NA
or
Note DNI

3701-9-07 Ear Piercing Gun Standards

- (A) Training records for ear piercing gun
- (B) Disposable gloves shall be used and available
- (C) Ear piercing gun cleaned/disinfected after each use
- (D) Gun stored in covered container or cabinet
- (E) Patron notification of disinfection frequency/methods

3701-9-08 Sterilize & Disinfection Procedures

- (A) All non disposable equipment shall be cleaned and sterilized in the following manner:
 - (1) Soaked in an enzymatic pre-cleaner
 - (2) Rinsed and patted dry
 - (3) Disassembled or placed in open position
 - (4) Visually inspected for cleanliness and damage
 - (5) Cleaned in tepid water and appropriate detergent
 - (6) Fully submerged in disinfectant per manufacturer
 - (7) Rinsed and patted dry
 - (8) Placed in ultrasonic unit filled with appropriate solution per manufacturer
 - (9) Rinsed and air dried
 - (10) Individually packed in sterilization pouches. Each pouch labeled with date of processing
 - (11) Sterilized in a steam sterilizer
- Ultrasonic units and steam sterilizers used, cleaned, and maintained according to manufacturer. Records of maintenance kept for 2 yrs.

Yes See NA
or
Note 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 tests were performed. Records are Maintained for 2 years and includes the following:
 - (1) Date and time the load was run
 - (2) Name of person who ran the load
 - (3) Results of integrator
 - (4) Report from lab on biological indicator test
- (C) Documentation kept in each patrons file for needles and instruments used on that patron.
- (D) New and replacement sterilizers shall be designed to sterilize hollow instruments and equipped with mechanical drying cycle
- (E) If wetness/moisture remains in/on pouches or if sterilizer malfunctions then instruments shall be considered contaminated and re-packaged/re-sterilized
- (F) Sterilized instruments remain in pouches until use
- (G) Malfunctioning sterilizer not used until repaired or replaced
- (H) Sterilized instruments stored in pouches, handled with gloves, stored in clean, dry, closed area. Re-sterilized if integrity of pouch is compromised.
- (I) Instruments re-sterilized after 1 year

Inspection Remarks

- Facility kept in a clean and sanitary condition.
 - Only pre-sterilized, pre-packaged equipment to be used.
 - Customer paperwork and IPCP were observed.
 - Ensure lot numbers for all equipment used are noted on the paperwork.
 - Restrooms available to customers.
 - Handwashing sink located in close proximity to the procedure area.
 - All floors impervious and easily cleanable.
 - No expired inks observed during the inspection.

Caleb Pass



June 6, 2017

Print Name of Inspector Completing Form

Inspector's Signature

Date