



LASSEN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

1445 Paul Bunyan Road Susanville, CA 96130

(530)251-8528 Fax 251-2668

Date: 4/30/2019

Body Art Facility Inspection Report

Permit #

Facility Name: David Mammoth Tattoo Address: 60 1/2 Hall Street City: Susanville Zip Code: 96130

In = In Compliance Out = Not in Compliance N/O = Not Observed N/A = Not Applicable COS = Corrected On Site

CLEANING AND STERILIZATION		COS
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O	1. Autoclave effective - passed integrator test	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	2. Items cleaned, packaged and labeled	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	3. Autoclave loaded correctly/packages allowed to dry	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	4. Integrators used/monthly spore test/log maintained	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	5. Decontamination/sanitation area separate and supplied appropriately	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	6. Invoices and log kept for disposable, pre-sterilized equipment	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	7. Sharps containers labeled, used and disposed of appropriately	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	8. Jewelry, tattoo and piercing equipment - clean and sterilized	

PRACTITIONER HEALTH AND HYGIENE		COS
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	9. No eating, drinking or smoking - clean clothes	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	10. Hands washed effectively and timely	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	11. Hand washing facilities properly supplied and accessible, warm water	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	12. Hepatitis B vaccination	
<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	13. Bloodborne Pathogen training <u>Received by: 5/3/2019</u> Source:	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	14. Appropriate personal protective equipment available and used	

CUSTOMERS/CLIENTS		COS
<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A	15. Branding is completed with no other customers in procedure area	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	16. Customers eighteen (18) years of age or older	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	17. Skin adequately prepared for procedure	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	18. Client records approved and available - Consent form and questionnaire	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	19. Appropriate aftercare instructions given to client	

MACHINE SAFETY AND SANITATION		COS
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	20. Safe machine design	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	21. Machines cleaned and disinfected between clients	

MACHINE SAFETY AND SANITATION (cont.)		COS
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	22. Parts replaced between clients - grommets, elastic bands, etc.	

PREVENTING CROSS-CONTAMINATION		COS
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	23. Workstation/procedure area decontaminated	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	24. Appropriate chemical disinfectant used Chemical used: <u>Caricide</u>	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	25. Disinfectant used appropriately/sufficient contact time Wet contact time provided: <u>until dry</u>	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	26. Barriers used	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	27. Products applied to skin are single use/dispensed aseptically	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	28. Storage of inks, pigments, needles, tubes, etc.	
<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A	29. Jewelry, Inks, Needles etc. approved and used correctly	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	30. Cross-contamination avoided during all phases of procedure	

BEST BUSINESS PRACTICES		COS
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	31. Areas separated/no living or sleeping quarters	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	32. Floors and walls clean and in good repair, adequate light	
<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	33. Workstation, surfaces, including chairs, armrests, etc. in good repair	
<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A	34. Permit/registration posted	
<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A	35. Operation and employee training records present	

COMPLIANCE AND ENFORCEMENT		COS
	36. Plan Review	
	37. Permits Obtained and Available	
	38. Impoundment	
	39. Hearing Scheduled	
	40. Closure	

REG #	PRACTITIONER/ARTIST NAME	REG #	PRACTITIONER/ARTIST NAME
	<u>Jeremiah Sturgen</u>		

OBSERVATIONS AND CORRECTIVE ACTIONS
<u>Seal blue wood with Vaseline</u>

Received By (Print): Jeremiah Sturgen Received By (Signature): [Signature] Date: 4/30/19
 Specialist (Print): Miracle Odusukwe Specialist (Signature): [Signature] Date: 4/30/19