



Date: 7/15/19

**Body Art Facility Inspection Report**

Permit # \_\_\_\_\_

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

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

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

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

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

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

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

OBSERVATIONS AND CORRECTIVE ACTIONS

Received By (Print): <u>SAMANTHA WHITESTONE</u>	Received By (Signature):	Date: <u>7.15.2019</u>
Specialist (Print): <u>MIRACLE OBUKWE</u>	Specialist (Signature):	Date: <u>7/15/2019</u>