

West Virginia Department of Health and Human Resources
Health Department

Berkeley County

TATTOO STUDIO INSPECTION REPORT

Name of Studio Cherry Bomb Address 301 W Queen Street

Owner / Operator Run by Ann Toney McIntosh, WV 25421

1. STUDIO SANITATION	<input type="checkbox"/> Hands washed/dried, gloves worn <input type="checkbox"/> Single use articles; commercial source; proper handling/storage <input type="checkbox"/> No animals	<input type="checkbox"/> Storage cabinets provided, sanitary <input type="checkbox"/> Skin applied materials: single use articles or transferred from bulk to single use containers
2. WORK TABLES, CHAIRS, BENCHES	<input type="checkbox"/> Provided for each artist <input type="checkbox"/> Light colored (exempted prior to 7/9/93)	<input type="checkbox"/> Smooth, nonabsorbent, corrosive resistant, easily sanitized, sanitized after each use
3. RECORDS	<input type="checkbox"/> Maintained 5 years, in ink, available for inspection <input type="checkbox"/> Patron education provided, recorded	<input type="checkbox"/> For each patron: name, signature, address, age, date tattooed, design & location on body, artist's name
4. CONSENT	<input type="checkbox"/> Parent/guardian consent for minors; on file for 5 years	<input type="checkbox"/> Patron attests he/she is not under the influence of drugs or alcohol
5. TATTOOING PROCEDURES	<input type="checkbox"/> Skin care instructions provided orally and in writing to each patron; posted in conspicuous place <input type="checkbox"/> Razors sterilized or disposable <input type="checkbox"/> Artist wears clean outer garment; good health; hands/fingernails washed with brush and antibacterial soap; dried properly <input type="checkbox"/> Disposable gloves worn; changed as needed	<input type="checkbox"/> Acetate stencil: cleaned and rinsed in germicidal solution for minimum 20 minutes, air dried or dried with sterile gauze <input type="checkbox"/> Paper stencil: single use, disposable <input type="checkbox"/> If design drawn directly onto skin, single use article used <input type="checkbox"/> Completed tattoo washed with antibacterial solution with single use towel
6. DYES, PIGMENTS	<input type="checkbox"/> Source: professional suppliers; for human skin; nontoxic; sterile	<input type="checkbox"/> Unused portions discarded <input type="checkbox"/> Prepared in sterilized or disposable single use containers
7. STERILIZATION OF EQUIPMENT	<input type="checkbox"/> Individual sterilized needles for each patron <input type="checkbox"/> Minimum 24 sets of needles and tubes for entire day or night <input type="checkbox"/> Autoclave bags: used; dated; temperature color coded; if nontransparent, contents listed on bag; placed in autoclave properly <input type="checkbox"/> Sterilized, handled, stored to prevent contamination <input type="checkbox"/> No rusty, defective, faulty instruments	<input type="checkbox"/> Used, non-disposable instruments stored in germicidal or soap solution in separate puncture-resistant container; OR placed in ultrasonic, rinsed in running hot water and placed in separate puncture-resistant container. <input type="checkbox"/> Ultrasonic unit sanitized daily. <input type="checkbox"/> Instruments brush scrubbed in soap and hot water, autoclaved at: 15 psi, 250 °F (121 °C) for 25 minutes. <input type="checkbox"/> Unused instruments re-sterilized every six months
8. GENERAL PHYSICAL ENVIRONMENT	<input type="checkbox"/> Minimum 50 foot-candles of light <input type="checkbox"/> Toilet and hand washing facilities for customers provided; clean; sanitary; convenient <input type="checkbox"/> Work room floor impervious; swept and mopped daily <input type="checkbox"/> No sweeping or cleaning during tattooing	<input type="checkbox"/> Adequate ventilation; windows screened <input type="checkbox"/> Building, equipment, premises in good repair; clean; neat; no litter or rubbish <input type="checkbox"/> Light colored walls and ceilings
9. WORK ROOM	<input type="checkbox"/> Hot and cold running water <input type="checkbox"/> 1 sink/basin per artist operating at same time <input type="checkbox"/> Separate; not used as corridor <input type="checkbox"/> Tattooing in work room only <input type="checkbox"/> No eating, drinking, smoking	<input type="checkbox"/> Sinks: restricted use; foot, wrist, or single lever action controls; plumbing approved <input type="checkbox"/> For each artist: soap, germicidal solution, single use towels, hand brush which is clean and in good repair
10. WASTES	<input type="checkbox"/> Wastes disposed of properly, per Infectious Medical Waste Rule, 64-CSR-56, manifest records available for 3 years	
11. WATER SUPPLY	<input type="checkbox"/> Approved, potable per 64-CSR-3, 19, & 46	
12. SEWAGE DISPOSAL	<input type="checkbox"/> Approved, in good repair, proper construction per 64-CSR-9, 47	

Remarks: Found no violations during this inspection.

Date: July 26, 2018

* Justin King
Sanitarian: Mark Allen - Ann Toney

BODY PIERCING STUDIO INSPECTION REPORT

Name of Studio: Cherry Bomb Address: 301 N. Queen Street Mt. Gay WV 25401
 Technician 1: _____ Address: _____
 Technician 2: _____ Address: _____

1. STUDIO SANITATION	<input type="checkbox"/> Hands washed/dried, gloves worn <input type="checkbox"/> Single use articles: commercial source; proper handling/storage	<input type="checkbox"/> Approved sanitizers used; stored; labeled <input type="checkbox"/> No animals
2. WORK TABLES CHAIRS, BENCHES	<input type="checkbox"/> Sanitized before and after each use <input type="checkbox"/> Light colored	<input type="checkbox"/> Smooth, nonabsorbent, corrosive resistant, easily sanitized
3. GENERAL PHYSICAL ENVIRONMENT	<input type="checkbox"/> Toilet & hand washing facilities for customers provided; sanitary; soap and hand towels provided <input type="checkbox"/> Building, equipment, premises in good repair; clean; no litter or rubbish; no insects or rodents <input type="checkbox"/> Light colored walls and ceilings <input type="checkbox"/> Work room floor, walls, and ceilings impervious <input type="checkbox"/> Adequate ventilation	<input type="checkbox"/> Approved pre-sterilized jewelry or ornaments used; jewelry used for intended body part <input type="checkbox"/> Cleaning room sink reserved for instrument clean up <input type="checkbox"/> Cleaning room provides separate areas for cleaning and storage of sterilized equipment <input type="checkbox"/> Ultrasonic cleaning units properly labeled; cleaned <input type="checkbox"/> Minimum 50 foot-candles of light
4. WORK AREA	<input type="checkbox"/> Separated by solid wall from other activities <input type="checkbox"/> Foot operated waste receptacles provided <input type="checkbox"/> Sharps container provided	<input type="checkbox"/> Hot and cold running water <input type="checkbox"/> Hand sink in each work area, operated by wrist/knee <input type="checkbox"/> No eating, drinking, or smoking
5. PIERCING PROCEDURES	<input type="checkbox"/> Skin care instructions provided orally and in writing to each client; posted in conspicuous place <input type="checkbox"/> Technician wears clean outer garment; good health; hands washed with antibacterial soap; dried properly <input type="checkbox"/> Disposable gloves worn; changed as needed	<input type="checkbox"/> Skin area treated with antibacterial solution prior to piercing <input type="checkbox"/> Razors single use <input type="checkbox"/> New disposable bibs or clean linens used <input type="checkbox"/> Needles single use; disposed of in sharps container
6. STERILIZATION OF EQUIPMENT	<input type="checkbox"/> Instruments cleaned in ultrasonic, sterilized, properly packaged in sterilizer bags with color change indicator <input type="checkbox"/> Clean instruments have date and initials of preparer	<input type="checkbox"/> Used equipment stored in liquid until properly cleaned <input type="checkbox"/> Autoclave spore test monthly, records kept 3 years <input type="checkbox"/> Non-sterilizable instruments properly disinfected
7. RECORDS AND CONSENT RELEASE	<input type="checkbox"/> Maintained 3 years, available for inspection <input type="checkbox"/> Patient education provided, recorded <input type="checkbox"/> For each client; name, date of birth, address, type and location of pierce, date pierced, technician's name	<input type="checkbox"/> Technician has current registration <input type="checkbox"/> Parent/Guardian consent for minors; on file <input type="checkbox"/> Exposure control plan completed; provided
8. WASTES	<input type="checkbox"/> Wastes disposed of properly; in compliance with Infectious Medical Waste Rule, 64 CSR 56	
9. WATER SUPPLY	<input type="checkbox"/> Approved, potable per 64 CSR 3, 19 & 46	
10. SEWAGE DISPOSAL	<input type="checkbox"/> Approved, in good repair, proper construction per 64 CSR 9	

ITEM	REMARKS

DATE: July 26, 2018

SANITARIAN: [Signature] / [Signature]

TECHNICIAN SIGNATURE: [Signature]