

BODY PIERCING STUDIO INSPECTION REPORT

Name of Studio: 100 Proof TATTOO Address: 1478 Winchester Ave
 Technician 1: David Connelli Valid Certificate of Registration: () Yes () No
 Technician 2: _____ Valid Certificate of Registration: () Yes () No

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

ITEM	REMARKS
	← WATER JUGS + OLD machine need removed from piercing room - only piercing room equ. present
	- need to repair water pressure TO THIS room
	moving but very slowly

DATE: 3-23-18 SANITARIAN: _____

TECHNICIAN SIGNATURE: 