

West Virginia Bureau for Public Health
Berkeley County Health Department

BODY PIERCING STUDIO INSPECTION REPORT

Name of Studio: Cherry Bomb Address: 301 N. Queen St.
 Technician 1: Kimberly Toney Address: Martinsburg, WV 25401
 Technician 2: Jessica Price 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
	<u>No violations at this time</u>

DATE: 12/10/19 SANTITARIAN: J. Shipley
 TECHNICIAN SIGNATURE: Kimberly Toney