

West Virginia Department of Health and Human Resources  
Berkeley Health Department

TATTOO STUDIO INSPECTION REPORT

Name of Studio Cherry Bomb Address 301 N. Queen St.  
Owner / Operator Kimberly Toney Noby W

1. STUDIO SANITATION	<input checked="" type="checkbox"/> Hands washed/dried, gloves worn <input checked="" type="checkbox"/> Single use articles; commercial source; proper handling/storage <input checked="" type="checkbox"/> No animals	<input checked="" type="checkbox"/> Storage cabinets provided, sanitary <input checked="" 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 checked="" type="checkbox"/> Maintained 5 years, in ink, available for inspection <input checked="" type="checkbox"/> Patron education provided, recorded	<input checked="" type="checkbox"/> For each patron: name, signature, address, age, date tattooed, design & location on body, artist's name
4. CONSENT	<input checked="" type="checkbox"/> Parent/guardian consent for minors; on file for 5 years	<input checked="" type="checkbox"/> Patron attests he/she is not under the influence of drugs or alcohol
5. TATTOOING PROCEDURES	<input checked="" type="checkbox"/> Skin care instructions provided orally and in writing to each patron; posted in conspicuous place <input checked="" type="checkbox"/> Razors sterilized or disposable <input checked="" type="checkbox"/> Artist wears clean outer garment; good health; hands/fingernails washed with brush and antibacterial soap; dried properly <input checked="" type="checkbox"/> Disposable gloves worn; changed as needed	<input checked="" 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 checked="" type="checkbox"/> Completed tattoo washed with antibacterial solution with single use towel
6. DYES, PIGMENTS	<input checked="" type="checkbox"/> Source: professional suppliers; for human skin; nontoxic; sterile	<input checked="" type="checkbox"/> Unused portions discarded <input checked="" type="checkbox"/> Prepared in sterilized or disposable single use containers
7. STERILIZATION OF EQUIPMENT	<input checked="" type="checkbox"/> Individual sterilized needles for each patron <input checked="" type="checkbox"/> Minimum 24 sets of needles and tubes for entire day or night <input checked="" 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 checked="" type="checkbox"/> No rusty, defective, faulty instruments	<input checked="" 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 checked="" type="checkbox"/> Ultrasonic unit sanitized daily. <input checked="" type="checkbox"/> Instruments brush scrubbed in soap and hot water, autoclaved at: 15 psi, 250 °F (121 °C) for 25 minutes. <input checked="" type="checkbox"/> Unused instruments re-sterilized every six months
8. GENERAL PHYSICAL ENVIRONMENT	<input checked="" type="checkbox"/> Minimum 50 foot-candles of light <input checked="" type="checkbox"/> Toilet and hand washing facilities for customers provided; clean; sanitary; convenient <input checked="" type="checkbox"/> Work room floor impervious; swept and mopped daily <input checked="" type="checkbox"/> No sweeping or cleaning during tattooing	<input checked="" type="checkbox"/> Adequate ventilation; windows screened <input checked="" type="checkbox"/> Building, equipment, premises in good repair; clean; neat; no litter or rubbish <input checked="" type="checkbox"/> Light colored walls and ceilings
9. WORK ROOM	<input checked="" type="checkbox"/> Hot and cold running water <input checked="" type="checkbox"/> 1 sink/basin per artist operating at same time <input checked="" type="checkbox"/> Separate; not used as corridor <input checked="" type="checkbox"/> Tattooing in work room only <input checked="" type="checkbox"/> No eating, drinking, smoking	<input checked="" type="checkbox"/> Sinks: restricted use; foot, wrist, or single lever action controls; plumbing approved <input checked="" 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 checked="" type="checkbox"/> Approved, potable per 64-CSR-3, 19, & 46	
12. SEWAGE DISPOSAL	<input checked="" type="checkbox"/> Approved, in good repair, proper construction per 64-CSR-9, 47	

Remarks: No Violations -

X Kim Toney

Date: 5-5-17

Sanitarian: [Signature]

**BODY PIERCING STUDIO INSPECTION REPORT**

Name of Studio: Cherry Bomb Address: 301 N. QUEEN ST.  
 Technician 1: Kimberly Toney Valid Certificate of Registration: (  ) Yes ( ) No  
 Technician 2: Valesie Hester Valid Certificate of Registration: (  ) Yes ( ) No

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

ITEM	REMARKS
	No Violations

DATE: 5-5-17 SANITARIAN: [Signature]  
 TECHNICIAN SIGNATURE: [Signature]