

 <b>Denver Environmental Health</b> Body Art Facility Inspection Report		Type of Inspection 1. Regular 2. Follow-up X 3. Complaint 4. Temp Event		Date 3/19/2015			
				Est. # 1070329			
				Exp 2/21/16			
Facility Name Crimson Hilt		Phone #		Legend: C = Compliance NC = Non-Compliance NA = Not applicable			
Address 2907 E. Colfax		City Denver					
Manager Alex Taylor/Moeh Haywood		Zip					
<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Sect.</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Sect.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-9
<b>BODY ARTIST</b> UP knowledge & renewal (3 years), HBV				<b>TEMPORARY EVENT</b> Clean up			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2A4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>BUSINESS LICENSE</b> Knowledge, paperwork, license				<b>INFECTION / EXPOSURE CONTROL WRITTEN PROCEDURES</b> Compliance, instrument and procedure area cleaning and sterilization, UP procedures, infectious waste management			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A
<b>EMPLOYEE INFORMATION</b> Legal name, home address, phone number, HBV proof				<b>STERILIZER REQUIREMENTS</b> Sterilizer must be steam autoclave, clean and maintained			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3B1-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A5
<b>FACILITY RECORDS</b> Sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures				<b>SINGLE USE ITEMS</b> Proper disposal, no re-use			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11B
<b>CUSTOMER RECORDS</b> For minimum of 2 years				<b>INSTRUMENT CLEANING</b> Packaging & sterilization, glove use – multi use, soaked, disassembled			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5B1-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11C
<b>CLIENT MEDICAL HISTORY</b> Proper documented risk factors				<b>INSTRUMENT PACKAGING / WRAPPING</b> Clean gloves, sterilizer indicator, labeled with sterilization time & date			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5C1-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11D
<b>CLIENT CONSENT FORMS</b> Client info, procedure date, type and location of body art, aftercare, side effects				<b>INSTRUMENT STERILIZATION</b> Labeled medical instrument, operators manual, cleaned & maintained, load log available w/instrument description, date & time cycle time & temperature (2 years)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11E
<b>FLOORS, WALLS AND CEILINGS</b> Construction, outer openings protected, compliance				<b>STERILIZED INSTRUMENTS</b> Hands washed prior to handling, store in dry & clean area			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7A-B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11F
<b>PREMISES</b> Clean, good repair				<b>SPORE TESTING</b> Monthly, maintain records (2 years), use of lab			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12A
<b>LIGHTING</b> 50 ft candles				<b>PROHIBITIONS</b> Persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12B
<b>SURFACES</b> Construction in critical areas				<b>BODY ARTIST'S PRACTICES</b> Handwashing between clients, new clean groves, fresh linens, instruments remaining packaged prior to use, cross-contamination prevention, supplies properly disposed, disinfection of procedure area			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12C
<b>HANDSINKS</b> Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices				<b>TATTOOING PROCEDURES</b> Hectographic or single-use stencils for outlines, non-toxic single use markers for free hand, multi-use stencils only if disinfected prior to use, area cleaned and treated, unused ink properly disposed, excess ink properly removed after body area covered.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12D
<b>SEPARATION OF EQUIPMENT</b> Cleaning, packaging, handling, storage				<b>BODY PIERCING PROCEDURES</b> Needles are sterile, single use, manufactured for use, disposed properly, jewelry is new or disinfected, clean and good repair, studs-and-clasp used according to manufacturer			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7G				
<b>SEPARATION OF SINKS</b> Handwashing, instrument cleaning, utility							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7J				
<b>WAITING AREA; TOILET FACILITIES</b> Separated, construction, availability							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7K				
<b>REUSABLE CLOTH ITEMS</b> Mechanically washed 140 degrees + or disinfectant or heat dryer							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L				
<b>ANIMALS</b> Prohibited in critical areas							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M				
<b>REFUSE</b> Lined receptacles, frequency of disposal							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7N				
<b>HANDLING SHARPS / INFECTIOUS WASTE</b> Sharps containers, bio-hazard bags, contracted treatment facility, on site disposal, labeling, storage, use of chemicals							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-9				
<b>TEMPORARY EVENT</b> Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)							

# Body Art Inspection Report

Page \_\_2 of 2\_\_

Facility Name: \_\_Crimson Hilt\_\_

NUMBER	VIOLATION		CORRECT BY:
10	Completed exposure control plan was emailed to inspector on 3/18. Violation corrected.		
Comments:			
		Received by: <i>(Print Name)</i> Moeh Haywood, Owner	Title
Inspected by: <b>Katie Paulson</b> 720-865-5397 Katie.paulson@denvergov.org	Received by: <i>(Signature)</i>  Via email on 3/19/15		