

 Denver Environmental Health Body Art Facility Inspection Report		Type of Inspection 1. Regular 2. Follow-up X 3. Complaint 4. Temp Event		Date 4/30/2015			
				Est. # 1010831			
				Exp 6/22/15			
Facility Name Freaky's		Phone #		Legend: C = Compliance NC = Non-Compliance NA = Not applicable			
Address 5701 E Colfax		City Denver Zip					
Manager Jarad							
C	NC	NA	Sect.	C	NC	NA	Sect.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-9
BODY ARTIST UP knowledge & renewal (3 years), HBV				TEMPORARY EVENT Clean up			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2A4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
BUSINESS LICENSE Knowledge, paperwork, license				INFECTION / EXPOSURE CONTROL WRITTEN PROCEDURES 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
EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof				STERILIZER REQUIREMENTS 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
FACILITY RECORDS Sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures				SINGLE USE ITEMS 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
CUSTOMER RECORDS For minimum of 2 years				INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5B1-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11C
CLIENT MEDICAL HISTORY Proper documented risk factors				INSTRUMENT PACKAGING / WRAPPING Clean gloves, sterilizer indicator, labeled with sterilization time & date			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5C1-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11D
CLIENT CONSENT FORMS Client info, procedure date, type and location of body art, aftercare, side effects				INSTRUMENT STERILIZATION 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
FLOORS, WALLS AND CEILINGS Construction, outer openings protected, compliance				STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7A-B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11F
PREMISES Clean, good repair				SPORE TESTING 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
LIGHTING 50 ft candles				PROHIBITIONS 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
SURFACES Construction in critical areas				BODY ARTIST'S PRACTICES 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
HANDSINKS Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices				TATTOOING PROCEDURES 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
SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage				BODY PIERCING PROCEDURES 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				
SEPARATION OF SINKS Handwashing, instrument cleaning, utility							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7J				
WAITING AREA; TOILET FACILITIES Separated, construction, availability							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7K				
REUSABLE CLOTH ITEMS Mechanically washed 140 degrees + or disinfectant or heat dryer							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L				
ANIMALS Prohibited in critical areas							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M				
REFUSE Lined receptacles, frequency of disposal							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7N				
HANDLING SHARPS / INFECTIOUS WASTE 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				
TEMPORARY EVENT Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)							

Body Art Inspection Report

Page __2 of 2__

Facility Name: __Freaky's__

NUMBER	VIOLATION		CORRECT BY:
5C1-6	Corrected via email 4/30/15		
7N	Corrected via email 4/30/15		
10	Corrected via email 4/30/15		
11C	Corrected via email 4/30/15		
11F	Corrected via email 4/30/15		
Comments:			
		Received by: <i>(Print Name)</i> Jarad Graves, Manager	Title
Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org		Received by: <i>(Signature)</i> Via email 4/30/15	