



# Denver Environmental Health Body Art Facility Inspection Report

Type of Inspection

1. Regular
2. Follow-up
3. Complaint
4. Temp Event

Date

Est. #

Exp

Legend:

- C = Compliance  
NC = Non-Compliance  
NA = Not applicable

Facility Name

Address

Manager

Phone #

City

Zip

C NC NA Sect.

- |                                     |                          |                          |       |   |
|-------------------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | A1-2  | <b>BODY ARTIST</b><br>UP knowledge & renewal (3 years), HBV   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 2A4   | <b>BUSINESS LICENSE</b><br>Knowledge, paperwork, license  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 3A    | <b>EMPLOYEE INFORMATION</b><br>Legal name, home address, phone number, HBV proof  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 3B1-6 | <b>FACILITY RECORDS</b><br>Sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures          |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 5A    | <b>CUSTOMER RECORDS</b><br>For minimum of 2 years   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 5B1-8 | <b>CLIENT MEDICAL HISTORY</b><br>Proper documented risk factors   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5C1-6 | <b>CLIENT CONSENT FORMS</b><br>Client info, procedure date, type and location of body art, aftercare, side effects  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 6     | <b>FLOORS, WALLS AND CEILINGS</b><br>Construction, outer openings protected, compliance   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7A-B  | <b>PREMISES</b><br>Clean, good repair   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7C    | <b>LIGHTING</b><br>50 ft candles  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7D    | <b>SURFACES</b><br>Construction in critical areas   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7E    | <b>HANDSINKS</b><br>Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7F    | <b>SEPARATION OF EQUIPMENT</b><br>Cleaning, packaging, handling, storage  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7G    | <b>SEPARATION OF SINKS</b><br>Handwashing, instrument cleaning, utility   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7J    | <b>WAITING AREA; TOILET FACILITIES</b><br>Separated, construction, availability   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7K    | <b>REUSABLE CLOTH ITEMS</b><br>Mechanically washed 140 degrees + or disinfectant or heat dryer  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7L    | <b>ANIMALS</b><br>Prohibited in critical areas  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7M    | <b>REFUSE</b><br>Lined receptacles, frequency of disposal   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7N    | <b>HANDLING SHARPS / INFECTIOUS WASTE</b><br>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><br>Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)                                       |

C NC NA Sect.

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|-------------------------------------|--------------------------|--------------------------|------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 8-9  | <b>TEMPORARY EVENT</b><br>Clean up   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 10   | <b>INFECTION / EXPOSURE CONTROL<br/>WRITTEN PROCEDURES</b><br>Compliance, instrument and procedure area cleaning and sterilization, UP procedures, infectious waste management   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 11A  | <b>STERILIZER REQUIREMENTS</b><br>Sterilizer must be steam autoclave, clean and maintained   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 11A5 | <b>SINGLE USE ITEMS</b><br>Proper disposal, no re-use  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 11B  | <b>INSTRUMENT CLEANING</b><br>Packaging & sterilization, glove use – multi use, soaked, disassembled   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11C  | <b>INSTRUMENT PACKAGING / WRAPPING</b><br>Clean gloves, sterilizer indicator, labeled with sterilization time & date   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 11D  | <b>INSTRUMENT STERILIZATION</b><br>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"/> | 11E  | <b>STERILIZED INSTRUMENTS</b><br>Hands washed prior to handling, store in dry & clean area   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 11F  | <b>SPORE TESTING</b><br>Monthly, maintain records (2 years), use of lab  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 12A  | <b>PROHIBITIONS</b><br>Persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12B  | <b>BODY ARTIST'S PRACTICES</b><br>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"/> | 12C  | <b>TATTOOING PROCEDURES</b><br>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"/> | 12D  | <b>BODY PIERCING PROCEDURES</b><br>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  |

[illegible]

Received by: (Signature) 