

 Denver Environmental Health Body Art Facility Inspection Report		Type of Inspection 1. RegularX 2. Follow-up 3. Complaint 4. Temp Event		Date 4/10/15			
				Est. # 1059445			
				Exp 7/31/15			
Facility Name Monarch Tattoo (Trinity Tattoo Studio)		Phone #		Legend: C = Compliance NC = Non-Compliance NA = Not applicable			
Address 2133 S Bellaire St CityDenver Zip 80222							
Manager Patrick Shackley							
C	NC	NA	Sect.	C	NC	NA	Sect.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A1-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8-9
BODY ARTIST UP knowledge & renewal (3 years), HBV				TEMPORARY EVENT Clean up			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2A4	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3A	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	3B1-6	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5A	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5C1-6	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7A-B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11F
PREMISES Clean, good repair				SPORE TESTING Monthly, maintain records (2 years), use of lab			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7D	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	7E	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SEPARATION OF SINKS Handwashing, instrument cleaning, utility							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7J				
WAITING AREA; TOILET FACILITIES Separated, construction, availability							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7K				
REUSABLE CLOTH ITEMS Mechanically washed 140 degrees + or disinfectant or heat dryer							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L				
ANIMALS Prohibited in critical areas							
<input checked="" 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 checked="" type="checkbox"/>	8-9				
TEMPORARY EVENT Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)							

Facility Name: ____Monarch Tattoo_____

NUMBER	VIOLATION		CORRECT BY:
3B1-6	Facility records are missing the following information: manufacturer's information on autoclave and updated exposure control plan. Provide missing information.		5/12
5C1-6	The following information is not being recorded on all client consent forms: source/manufacturer and lot number of ink and package lot number used during procedure (needles, cartridges). See handout provided "Customer Records Guidelines." Aftercare information is missing the following information: DEH reporting statement, when to seek medical attention, etc. See handout provided "Guidelines for Body Art Aftercare Instructions."		4/11
7E	Restroom hand sink does not provide hot water after more than 5 minutes of running the water. All hand sinks shall provide hot (minimum 90F) and cold water.		5/12
10	Exposure control plan provided was incomplete and more than 1.5 years old. Completed exposure control plan shall be provided and plan shall be updated annually.		5/12
11A	Manufacturer's information/operating manual was not provided for autoclave. Provide operating manual.		5/12
11F	Spore tests results were not provide for January-March of 2015. Spore tests shall be conducted monthly and results shall be maintained on site for 2 years.		5/12
12B	Drape, lap cloth or disposable apron was not worn by artist during a procedure. Drape, lap cloth or aprons shall be worn and changed in between each client.		4/11
Comments:	Notes: Razor heads shall not be broken off of razor handle. Entire razor shall be placed in sharps container. Client consent form includes that tattoos should be considered permanent. Include the additional information as well: "Tattoos can only be removed with a surgical or laser procedure and that any effective removal may leave scarring. "		
		Received by: <i>(Print Name)</i> Patrick Shackley , Owner	Title
Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org		Received by: <i>(Signature)</i> Via email 4/11/15	