


|  Denver Environmental Health Body Art Facility Inspection Report | | Type of Inspection 1. Regular X 2. Follow-up 3. Complaint 4. Temp Event | Date 3/3/2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|---|---|--|--|--------------------------|-------------------------------------|--------------------------|------|---|-------------------------------------|--------------------------|--------------------------|-----|--|--------------------------|-------------------------------------|--------------------------|----|--|--------------------------|-------------------------------------|--------------------------|-------|--|-------------------------------------|--------------------------|--------------------------|----|---|-------------------------------------|--------------------------|--------------------------|-------|---|--------------------------|-------------------------------------|--------------------------|-------|--|-------------------------------------|--------------------------|--------------------------|---|---|-------------------------------------|--------------------------|--------------------------|------|---------------------------------------|-------------------------------------|--------------------------|--------------------------|----|----------------------------------|-------------------------------------|--------------------------|--------------------------|----|---|-------------------------------------|--------------------------|--------------------------|----|--|-------------------------------------|--------------------------|--------------------------|----|--|-------------------------------------|--------------------------|--------------------------|----|---|-------------------------------------|--------------------------|--------------------------|----|---|--------------------------|--------------------------|-------------------------------------|----|--|-------------------------------------|--------------------------|--------------------------|----|--|-------------------------------------|--------------------------|--------------------------|----|---|--------------------------|-------------------------------------|--------------------------|----|---|--------------------------|--------------------------|-------------------------------------|-----|---|---|---|----|----|-------|--|--------------------------|--------------------------|-------------------------------------|-----|------------------------------------|--------------------------|-------------------------------------|--------------------------|----|--|-------------------------------------|--------------------------|--------------------------|-----|--|-------------------------------------|--------------------------|--------------------------|------|---|-------------------------------------|--------------------------|--------------------------|-----|--|--------------------------|-------------------------------------|--------------------------|-----|--|--------------------------|-------------------------------------|--------------------------|-----|--|-------------------------------------|--------------------------|--------------------------|-----|--|--------------------------|-------------------------------------|--------------------------|-----|---|-------------------------------------|--------------------------|--------------------------|-----|--|-------------------------------------|--------------------------|--------------------------|-----|--|--------------------------|-------------------------------------|--------------------------|-----|--|--------------------------|--------------------------|-------------------------------------|-----|---|
| | | | Est. # 1047177 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Exp 7/9/15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Name Monkey Fist | | Phone # 7203286358 | Legend: C = Compliance NC = Non-Compliance NA = Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 4345 W 41 st St City Denver Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager Ortavio Griego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>C</th> <th>NC</th> <th>NA</th> <th>Sect.</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>A1-2</td> <td>BODY ARTIST UP knowledge & renewal (3 years), HBV</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2A4</td> <td>BUSINESS LICENSE Knowledge, paperwork, license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3A</td> <td>EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3B1-6</td> <td>FACILITY RECORDS Sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5A</td> <td>CUSTOMER RECORDS For minimum of 2 years</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5B1-8</td> <td>CLIENT MEDICAL HISTORY Proper documented risk factors</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5C1-6</td> <td>CLIENT CONSENT FORMS Client info, procedure date, type and location of body art, aftercare, side effects</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6</td> <td>FLOORS, WALLS AND CEILINGS Construction, outer openings protected, compliance</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7A-B</td> <td>PREMISES Clean, good repair</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7C</td> <td>LIGHTING 50 ft candles</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7D</td> <td>SURFACES Construction in critical areas</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7E</td> <td>HANDSINKS Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7F</td> <td>SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7G</td> <td>SEPARATION OF SINKS Handwashing, instrument cleaning, utility</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7J</td> <td>WAITING AREA; TOILET FACILITIES Separated, construction, availability</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>7K</td> <td>REUSABLE CLOTH ITEMS Mechanically washed 140 degrees + or disinfectant or heat dryer</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7L</td> <td>ANIMALS Prohibited in critical areas</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7M</td> <td>REFUSE Lined receptacles, frequency of disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7N</td> <td>HANDLING SHARPS / INFECTIOUS WASTE Sharps containers, bio-hazard bags, contracted treatment facility, on site disposal, labeling, storage, use of chemicals</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>8-9</td> <td>TEMPORARY EVENT Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)</td> </tr> </tbody> </table> | C | NC | NA | Sect. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A1-2 | BODY ARTIST UP knowledge & renewal (3 years), HBV | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2A4 | BUSINESS LICENSE Knowledge, paperwork, license | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3A | EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3B1-6 | FACILITY RECORDS Sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5A | CUSTOMER RECORDS For minimum of 2 years | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5B1-8 | CLIENT MEDICAL HISTORY Proper documented risk factors | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5C1-6 | CLIENT CONSENT FORMS Client info, procedure date, type and location of body art, aftercare, side effects | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | FLOORS, WALLS AND CEILINGS Construction, outer openings protected, compliance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7A-B | PREMISES Clean, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7C | LIGHTING 50 ft candles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7D | SURFACES Construction in critical areas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7E | HANDSINKS Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7F | SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7G | 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 type="checkbox"/> | <input checked="" 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) | <table border="1"> <thead> <tr> <th>C</th> <th>NC</th> <th>NA</th> <th>Sect.</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>8-9</td> <td>TEMPORARY EVENT Clean up</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10</td> <td>INFECTION / EXPOSURE CONTROL WRITTEN PROCEDURES Compliance, instrument and procedure area cleaning and sterilization, UP procedures, infectious waste management</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11A</td> <td>STERILIZER REQUIREMENTS Sterilizer must be steam autoclave, clean and maintained</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11A5</td> <td>SINGLE USE ITEMS Proper disposal, no re-use</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11B</td> <td>INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11C</td> <td>INSTRUMENT PACKAGING / WRAPPING Clean gloves, sterilizer indicator, labeled with sterilization time & date</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11D</td> <td>INSTRUMENT STERILIZATION Labeled medical instrument, operators manual, cleaned & maintained, load log available w/instrument description, date & time cycle time & temperature (2 years)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11E</td> <td>STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11F</td> <td>SPORE TESTING Monthly, maintain records (2 years), use of lab</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12A</td> <td>PROHIBITIONS Persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12B</td> <td>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</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12C</td> <td>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.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>12D</td> <td>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</td> </tr> </tbody> </table> | C | NC | NA | Sect. | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8-9 | TEMPORARY EVENT Clean up | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10 | 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"/> | 11A | STERILIZER REQUIREMENTS Sterilizer must be steam autoclave, clean and maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11A5 | SINGLE USE ITEMS Proper disposal, no re-use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11B | INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11C | INSTRUMENT PACKAGING / WRAPPING Clean gloves, sterilizer indicator, labeled with sterilization time & date | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11D | 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"/> | 11E | STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11F | SPORE TESTING Monthly, maintain records (2 years), use of lab | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12A | 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"/> | 12B | 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"/> | 12C | 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 checked="" type="checkbox"/> | 12D | 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 |
| C | NC | NA | Sect. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A1-2 | BODY ARTIST UP knowledge & renewal (3 years), HBV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2A4 | BUSINESS LICENSE Knowledge, paperwork, license | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3A | EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3B1-6 | FACILITY RECORDS Sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5A | CUSTOMER RECORDS For minimum of 2 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5B1-8 | CLIENT MEDICAL HISTORY Proper documented risk factors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5C1-6 | CLIENT CONSENT FORMS Client info, procedure date, type and location of body art, aftercare, side effects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | FLOORS, WALLS AND CEILINGS Construction, outer openings protected, compliance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7A-B | PREMISES Clean, good repair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7C | LIGHTING 50 ft candles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7D | SURFACES Construction in critical areas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7E | HANDSINKS Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7F | SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7G | 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 type="checkbox"/> | <input checked="" 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | NC | NA | Sect. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8-9 | TEMPORARY EVENT Clean up | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10 | 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"/> | 11A | STERILIZER REQUIREMENTS Sterilizer must be steam autoclave, clean and maintained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11A5 | SINGLE USE ITEMS Proper disposal, no re-use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11B | INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11C | INSTRUMENT PACKAGING / WRAPPING Clean gloves, sterilizer indicator, labeled with sterilization time & date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11D | 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"/> | 11E | STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11F | SPORE TESTING Monthly, maintain records (2 years), use of lab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12A | 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"/> | 12B | 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"/> | 12C | 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 checked="" type="checkbox"/> | 12D | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Facility Name: __Monkey Fist__

| NUMBER | VIOLATION | | CORRECT BY: |
|---|--|---|-------------|
| A1-2 | BBP/UP was not provided for any artists. Proof of HBV or written declination of HBV was not provided. Provide missing information. | | 3/18 |
| 3A | Employee files were not provided. Employee files shall be provided and include the following information: full name, home address, phone number and proof of HBV or written declination of HBV. | | 3/18 |
| 3B1-6 | Facility records were missing the following information: contract or agreement for sharps/bio hazard disposal, spore test log and exposure control plan. Provide missing information. | | 3/18 |
| 5C1-6 | The following information is not being recorded on client consent forms: type and location of body art, source/manufacture and lot number of ink or pigment and sterilization date or package/lot number used during the procedure. Record missing information. | | 3/3 |
| 7N | Razors are being disposed of in regular trash cans. Razors shall be disposed of in sharps container. Rinse water is being disposed of down the drain. Sharps containers are being overfilled. Sharps containers shall not be filled past line indicated on container. Rinse water shall either be wicked up with paper towel or highly absorbent powder. These items shall be disposed of as bio hazard/regulated waste in the appropriate trash can. Regulated/infectious waste (gloves used on broken skin, ink/body fluid soiled paper towels, rinse caps, rinse cups, etc) is being disposed of as regular trash in open trash cans. Regulated/infectious waste shall be disposed of in covered, bio hazard labeled trash cans and this waste shall be removed by an approved/medical waste disposal company. | | 3/3 |
| 10 | Completed exposure control plan was not provided. Provide completed plan and update annually. | | 3/18 |
| 11C | Expired and/or non dated instruments were present in an artist's station. Re-sterilize instruments. | | 3/3 |
| 11D | The following information is not being recorded on the sterilizer load log: sterilizer cycle time (start/stop), sterilizer temperature, indication of proper sterilization as evidenced by color change indicator, action taken when color change did not occur, and name of person who checked outcome. Sample log provided. | | 3/3 |
| 11F | Spore tests were not provided for 2 years; only 4 test results were provided during inspection. Spore test shall be conducted monthly, spore test log shall be maintained and this information shall be maintained on site for 2 years. | | 3/3 |
| 12C | Per employee, occasionally pens/markers used during free hand work are reused among clients. Pens/markers shall be single use only. | | 3/3 |
| Comments: | Label all chemicals. | | |
| | Note: Facility does not have a mop sink; per employee mop water is disposed of in toilet. If major construction is ever done or if facility changes ownership then operator will be required to install a mop sink at that time. Action on this issue is not required at this time. Also water in bathroom hand sink is not provided through a combination mixing valve. Inspector will follow up with operator is action is required. | | |
| | | | |
| | | | |
| | | Received by: <i>(Print Name)</i> Ortavio Griego, owner via email on 3/4/15 | Title |
| Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org | | Received by: <i>(Signature)</i> | |