

 Denver Environmental Health Body Art Facility Inspection Report		Type of Inspection 1. Regular 2. Follow-upX 3. Complaint 4. Temp Event		Date5/27/15					
				Est. # 1033753					
				Exp6/27/15					
Facility Name Mr. Tanks		Phone #		Legend: C = Compliance NC = Non-Compliance NA = Not applicable					
Address6640 E. Colfax		City	Zip						
Manager Josh Johnson									
C	NC	NA	Sect.		C	NC	NA	Sect.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A1-2	BODY ARTIST UP knowledge & renewal (3 years), HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-9	TEMPORARY EVENT Clean up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2A4	BUSINESS LICENSE Knowledge, paperwork, license	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3A	EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A	STERILIZER REQUIREMENTS Sterilizer must be steam autoclave, clean and maintained
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A5	SINGLE USE ITEMS Proper disposal, no re-use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5A	CUSTOMER RECORDS For minimum of 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11B	INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5B1-8	CLIENT MEDICAL HISTORY Proper documented risk factors	<input type="checkbox"/>	<input 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"/>	5C1-6	CLIENT CONSENT FORMS Client info, procedure date, type and location of body art, aftercare, side effects	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	FLOORS, WALLS AND CEILINGS Construction, outer openings protected, compliance	<input 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 type="checkbox"/>	<input type="checkbox"/>	7A-B	PREMISES Clean, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11F	SPORE TESTING Monthly, maintain records (2 years), use of lab
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	LIGHTING 50 ft candles	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7D	SURFACES Construction in critical areas	<input 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 type="checkbox"/>	<input type="checkbox"/>	7E	HANDSINKS Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices	<input type="checkbox"/>	<input 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 type="checkbox"/>	7F	SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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
<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 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)					

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		Received by: <i>(Print Name)</i> Joshua Johnson, Owner Title
Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org		Received by: <i>(Signature)</i> Via email 5/27/15