

		<b>Denver Environmental Health</b> <b>Body Art Facility Inspection Report</b>		Type of Inspection 1. Regular X 2. Follow-up 3. Complaint 4. Temp Event		Date 3/23/15 Est. #1010831 Exp 6/22/15				
Facility Name Freaky's				Phone #		Legend: C = Compliance NC = Non-Compliance NA = Not applicable				
Address 5701 E Colfax		CityDenver		Zip						
Manager Kenny Church										
<b>C</b> <input type="checkbox"/>	<b>NC</b> <input checked="" type="checkbox"/>	<b>NA</b> <input type="checkbox"/>	<b>Sect.</b> A1-2	<b>BODY ARTIST</b> UP knowledge & renewal (3 years), HBV		<b>C</b> <input type="checkbox"/>	<b>NC</b> <input type="checkbox"/>	<b>NA</b> <input checked="" type="checkbox"/>	<b>Sect.</b> 8-9	<b>TEMPORARY EVENT</b> Clean up
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2A4	<b>BUSINESS LICENSE</b> Knowledge, paperwork, license		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<b>INFECTION / EXPOSURE CONTROL WRITTEN PROCEDURES</b> Compliance, instrument and procedure area cleaning and sterilization, UP procedures, infectious waste management
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3A	<b>EMPLOYEE INFORMATION</b> Legal name, home address, phone number, HBV proof		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11A	<b>STERILIZER REQUIREMENTS</b> Sterilizer must be steam autoclave, clean and maintained
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3B1-6	<b>FACILITY RECORDS</b> Sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11A5	<b>SINGLE USE ITEMS</b> Proper disposal, no re-use
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5A	<b>CUSTOMER RECORDS</b> For minimum of 2 years		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11B	<b>INSTRUMENT CLEANING</b> Packaging & sterilization, glove use – multi use, soaked, disassembled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5B1-8	<b>CLIENT MEDICAL HISTORY</b> Proper documented risk factors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11C	<b>INSTRUMENT PACKAGING / WRAPPING</b> Clean gloves, sterilizer indicator, labeled with sterilization time & date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5C1-6	<b>CLIENT CONSENT FORMS</b> Client info, procedure date, type and location of body art, aftercare, side effects		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11D	<b>INSTRUMENT STERILIZATION</b> 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	<b>FLOORS, WALLS AND CEILINGS</b> Construction, outer openings protected, compliance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11E	<b>STERILIZED INSTRUMENTS</b> Hands washed prior to handling, store in dry & clean area
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7A-B	<b>PREMISES</b> Clean, good repair		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11F	<b>SPORE TESTING</b> Monthly, maintain records (2 years), use of lab
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	<b>LIGHTING</b> 50 ft candles		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12A	<b>PROHIBITIONS</b> 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	<b>SURFACES</b> Construction in critical areas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12B	<b>BODY ARTIST'S PRACTICES</b> 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	<b>HANDSINKS</b> Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12C	<b>TATTOOING PROCEDURES</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	7F	<b>SEPARATION OF EQUIPMENT</b> Cleaning, packaging, handling, storage		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12D	<b>BODY PIERCING PROCEDURES</b> 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	<b>SEPARATION OF SINKS</b> Handwashing, instrument cleaning, utility						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7J	<b>WAITING AREA; TOILET FACILITIES</b> Separated, construction, availability						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7K	<b>REUSABLE CLOTH ITEMS</b> Mechanically washed 140 degrees + or disinfectant or heat dryer						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L	<b>ANIMALS</b> Prohibited in critical areas						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M	<b>REFUSE</b> Lined receptacles, frequency of disposal						
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7N	<b>HANDLING SHARPS / INFECTIOUS WASTE</b> 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	<b>TEMPORARY EVENT</b> Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)						

Facility Name: \_\_\_\_Freaky's\_\_\_\_\_

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 for any artists. Operator shall ensure that BBP training is from DEH's approved list of training sources. Approved training list provided to manager. Provide missing information and maintain on site.	4/10/15
2A4	Artist (Christine Skelton) was performing body art procedures without a license. James Fitch's license was not provided during the inspection. According to the Excise and Licenses database, his license expired 7/2/14. Both artists are ORDERED to cease and desist all body art procedures until a body artist license has been obtained and emailed to inspector.	3/24/15
3A	Employee files were not provided. Employee files shall be provided and include the following information: legal name, address, phone number and proof of HBV or written declination of the vaccination.	4/10/15
3B1-6	Facility records were not provided during the inspection. Facility records shall be provided and include the following information: sharps disposal contract/agreement, complete spore test log, operator's manual for the autoclave and written exposure control plan. Provide missing information.	4/10/15
5C1-6	The following information is not being recorded on all client consent forms: sterilization date or package/lot number used during the procedure (tubes, grips, needles, hemostats, clamps, etc), type and location of the body art and source/manufacture and lot number of ink and pigment or dye used in procedure. Update DEH's reporting information on the aftercare form. See handouts provided by inspector: "Guidelines for Body Art Aftercare Instructions" and "Customer Records Guidelines."	3/24/15
7A-B	The instrument cleaning room floors are in poor condition and rubber mats are being used on top of floors. Rear restroom floors are in poor condition. Floors shall be in good condition and easily cleanable. Floors shall be repaired before next full inspection (approx 6 months- 1 year.)	2016
7E	Restroom hand sink does not provide hot water. All hand sinks shall provide hot water. Clean room hand sink was not equipped with paper towels. All hand sinks shall be equipped with paper towels.	ASAP
7F	Clean gloves, ink caps, needles, etc are being stored in a dirty utility/machine shop room. Clean body art procedure items shall be stored in a separate, clean area/room.	3/24/15
7N	Sharps containers are not provided at every station. Provide sharps containers at every station. Sharps containers are being overfilled. Do not fill sharps containers past line marked on the container. Contaminated/regulated/infectious waste is being disposed of a regular trash in unlabeled trash cans. Contaminated/regulated/infectious waste shall be disposed of in covered, bio-hazard labeled trash cans and this waste shall be removed by a medical waste removal company.	3/24/15
10	Exposure control plan was not provided. Provide completed plan and update annually.	4/10/15
11C	Several packages of sterilized instruments (tubes, hemostats, grips, clamps, needles, etc) were not labeled with the sterilization or expiration date. Several expired instruments (needles, clamps, tubes, etc) were also present in artists' stations. Re-sterilize or properly dispose of expired instruments.	3/23/15
11D	Sterilizer load logs are missing the following information: indication of proper sterilization of instruments, as evidenced by the appropriate color change on each package, action taken when appropriate color change did not occur and sterilizer cycle time (start and stop). High level disinfection logs were not provided for jewelry used for piercings. Example logs were provided by inspector. Logs shall be maintained for 2 years.	3/23/15
11F	Spore test results were not provided for 2 years; results stopped in September of 2014. Four results were provided in December 2014. Spore testing shall be conducted monthly, spore test shall be logged (on sterilizer load log) and results shall be maintained on site for 2 years.	4/10/15
12D	Used piercing instruments such as hemostats, clamps, etc were left on a tray in the procedure area since last October (according to manager and employee present. ) Used instruments shall be removed, sterilized as required and area shall be disinfected immediately following procedures.	3/23/15

	Corrected.		
11A	Operator's manual for autoclave was not provided. Provide manual for autoclave.		4/10/15
<b>Comments:</b>	<b>Label all chemicals.</b>		
		Received by: <i>(Print Name)</i> Kenny Church, Manager	Title
<b>Inspected by: Katie Paulson</b> 720-865-5397 Katie.paulson@denvergov.org		Received by: <i>(Signature)</i>  Via email 3/24/15	