

		<b>Denver Environmental Health</b> <b>Body Art Facility Inspection Report</b>		Type of Inspection 1. RegularX 2. Follow-up 3. Complaint 4. Temp Event		Date 1/12/15		
						Est. # 1059031		
						Exp 5/1/2013		
Facility Name Owl and Orchid				Phone #720-885-3450		Legend: C = Compliance NC = Non-Compliance NA = Not applicable		
Address 3928 Federal Blvd		City		Zip				
Manager Ryan Rish								
<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Sect.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Sect.</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A1-2	<b>BODY ARTIST</b> UP knowledge & renewal (3 years), HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8-9
<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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3A	<b>EMPLOYEE INFORMATION</b> Legal name, home address, phone number, HBV proof	<b>TEMPORARY EVENT</b> Clean up			
<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	<b>INFECTION / EXPOSURE CONTROL WRITTEN PROCEDURES</b> Compliance, instrument and procedure area cleaning and sterilization, UP procedures, infectious waste management			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5A	<b>CUSTOMER RECORDS</b> For minimum of 2 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5B1-8	<b>CLIENT MEDICAL HISTORY</b> Proper documented risk factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A5
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11B
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<b>FLOORS, WALLS AND CEILINGS</b> Construction, outer openings protected, compliance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11C
<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"/>	11D
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	<b>LIGHTING</b> 50 ft candles	<b>INSTRUMENT CLEANING</b> Packaging & sterilization, glove use – multi use, soaked, disassembled			
<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"/>	11E
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11F
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7F	<b>SEPARATION OF EQUIPMENT</b> Cleaning, packaging, handling, storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7G	<b>SEPARATION OF SINKS</b> Handwashing, instrument cleaning, utility	<b>INSTRUMENT PACKAGING / WRAPPING</b> Clean gloves, sterilizer indicator, labeled with sterilization time & date			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7J	<b>WAITING AREA; TOILET FACILITIES</b> Separated, construction, availability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12B
<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"/>	12C
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L	<b>ANIMALS</b> Prohibited in critical areas	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7M	<b>REFUSE</b> Lined receptacles, frequency of disposal	<b>STERILIZED INSTRUMENTS</b> Hands washed prior to handling, store in dry & clean area			
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12D
<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)	<b>SPORE TESTING</b> Monthly, maintain records (2 years), use of lab			
					<b>PROHIBITIONS</b> Persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions			
					<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			
					<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.			
					<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			

Facility Name: \_\_Owl and Orchid\_\_

NUMBER	VIOLATION	CORRECT BY:
A1-2	BBP/UP and proof of HBV or declination of HBV was not provided for any employees. Provide BBP and proof/declination of HBV.	1/14
2A4	All artists' licenses were expired and employees could not locate the shop license. Inspector determined through E&L database that shop license expired 5/1/13. Artists' with expired licenses included the following: Robin Munro 3/28/14, Matthew Kremer 10/3/14, Ryan Rish 10/8/14 and Fidel Robles 10/8/14. Summons issued for performing body art without a license. All artists are ORDERED to cease and desist all body art procedures until valid body artist licenses and shop license have been obtained. Person in charge shall email inspector photos of all updated licenses by 1/14.	1/14
3A	Employee information was not provided. Employee information shall be provided and include: employee's legal name, home address, phone number and proof of HBV or written declination.	1/20
3B1-6	Facility records were incomplete. Facility records shall be maintained and include the following: sharps disposal contract/agreement, spore test log, manufacturer's manual on sterilization equipment and infection exposure control plan.	1/20
5B1-8	Client medical history is missing some documented risk factors such as if the client is taking blood thinners, has allergies or adverse reactions to dyes, pigments, disinfectants or soaps, skin diseases/lesions, and has narcolepsy, seizures, fainting, etc. See "Customer Records Guidelines" provided during inspection.	1/14
5C1-6	Client consent forms are missing and/or the following information is not being recorded: Sterilization date or package/lot number used during procedure (ie. needles, tubes, etc), source/manufacturer and lot number of ink, pigment or dyes, type and location of body art, artist name, etc. See "Customer Records Guidelines." Aftercare is missing the following information: advice to consult a physician at the first signs of adverse reaction, artist name, shop phone number, and DEH reporting paragraph provided in handout "Guidelines for Body Art Aftercare Instructions."	1/14
7A-B	Facility does not have a mop sink, and employee states that they occasionally dispose of mop water out of the back door. Dispose of mop water in toilet. Also hand sink in closet has a major leak and is not functional. Premises shall be maintained in good repair.	1/20
7E	One hand sink is located in a small closet and the door was closed during a procedure. Hand sinks shall be accessible and provide hot and cold running water. Door shall be removed if this is going to remain a procedure area hand sink. This hand sink was not equipped with soap and paper towels. Other hand sink in procedure area was not equipped with paper towels. Hand sinks shall be accessible and be equipped with soap and paper towels. See 7A regarding leak from hand sink.	1/20
7F	Facility does not have an adequate instrument cleaning area. Currently instruments are being cleaned in the hand sink in the closet and the All Pro American unapproved sterilizer is stored across the room on a metal shelf. Operator shall cease and desist using of metal instruments that require sterilization. If operator chooses to sterilize instruments then operator will be ordered to install a separate instrument cleaning area.	1/12
7G	Closet hand sink was being used as an equipment washing sink. Hand sinks are for hand washing only and cannot be used for equipment washing. If operator chooses to clean and sterilize instruments in the facility then an additional equipment washing sink shall be installed.	1/12
7M & N	Sharps/bio hazard contract/agreement was not provided. Employee could not explain where sharps are being disposed of. Razors are being disposed of in the regular trash can. Regulated/infectious waste such as used gloves, ink/body fluid soaked paper towels, paper towels soaked with rinse water, ink caps, etc are being disposed of as regular waste. Razors shall be disposed of in the sharps container. Regulated/infectious waste shall be disposed of in a covered, labeled trash can and be removed from facility by an approved hazardous waste removal company.	1/12 & 1/20
10	Exposure control plan was not provided. Provide completed plan.	1/20
11A	All American pressure canner is being used to sterilize reusable instruments such as tubes, hemostats, etc. This device is not approved for sterilizing of instruments. Only medical grade steam autoclaves shall be used to sterilize instruments. Operator is ORDERED to cease and desist	1/12

[illegible]