

		<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 4/15/15		
						Est. #1051082		
						Exp1/28/16		
Facility Name Landmark Tattoo (Stronghold Electric Tattooing)				Phone #303-955-4531		Legend: C = Compliance NC = Non-Compliance NA = Not applicable		
Address 609 E. 13 <sup>th</sup> Ave		CityDenver		Zip80203				
Manager Nikolas Pew								
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2A4	<b>BUSINESS LICENSE</b> Knowledge, paperwork, license	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5B1-8	<b>CLIENT MEDICAL HISTORY</b> Proper documented risk factors	<b>STERILIZER REQUIREMENTS</b> Sterilizer must be steam autoclave, clean and maintained			
<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"/>	11A5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<b>FLOORS, WALLS AND CEILINGS</b> Construction, outer openings protected, compliance	<b>SINGLE USE ITEMS</b> Proper disposal, no re-use			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7A-B	<b>PREMISES</b> Clean, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11B
<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"/>	11C
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7E	<b>HANDSINKS</b> Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices	<b>INSTRUMENT PACKAGING / WRAPPING</b> Clean gloves, sterilizer indicator, labeled with sterilization time & date			
<input checked="" type="checkbox"/>	<input 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"/>	11D
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7G	<b>SEPARATION OF SINKS</b> Handwashing, instrument cleaning, utility	<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"/>	7J	<b>WAITING AREA; TOILET FACILITIES</b> Separated, construction, availability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11E
<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	<b>STERILIZED INSTRUMENTS</b> Hands washed prior to handling, store in dry & clean area			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L	<b>ANIMALS</b> Prohibited in critical areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11F
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M	<b>REFUSE</b> Lined receptacles, frequency of disposal	<b>SPORE TESTING</b> Monthly, maintain records (2 years), use of lab			
<input checked="" type="checkbox"/>	<input 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"/>	12A
<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>PROHIBITIONS</b> Persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions			
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" 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			

Facility Name: \_\_\_\_Landmark Tattoo\_\_\_\_\_

NUMBER	VIOLATION	CORRECT BY:
A1-2	BBP certificates were not provided for 3 artists. Operator shall ensure that BBP training is from DEH's list of approved training providers. List provided to operator. Proof of HBV series or written declination of HBV series was not provided for all artists. Provide missing information.	4/24
3A	Employee files were not provided during inspection. Employee files shall be maintained and include the following information: legal name, home address, phone number and proof of HBV series or written declination.	4/24
5C1-6	The following information is not being recorded on all client consent forms: type and location of body art, package/lot number used during the procedure (needles, disposable tubes, etc), and source/manufacturer and lot number of ink, pigment or dyes used in procedure. In the section that advises clients that tattoos are permanent-include the following information: Tattoos can only be removed with a surgical or laser procedure and that any effective removal may leave scarring. Aftercare is missing the following information: Advice to consult a physician at the first signs of any adverse reaction (swelling, fever, illness, allergic reactions, etc) and DEH reporting statement. See handouts provided for specific language (Guidelines for Body Art Aftercare Instructions and Customer Records Guidelines.)	4/16
11A	Operating manual for autoclave was not provided. Operating manual for autoclave shall be maintained on premise.	4/24
11C	Several tubes and needles in workstations were expired. Instruments sterilized on site expire 6 months after sterilization. Tubes shall be re-sterilized and expired needles shall be properly disposed of.	4/15
11D	The following information is not being recorded on sterilizer load logs: instrument description, cycle time (start and stop), results via color change indicator, corrective action if color change did not occur, who ran the load and who checked the outcome. Note: Two autoclaves are present in the facility; 1 is used the majority of the time and the other is used as back up. Suggested owner label autoclaves and properly indicate which autoclave was used on load log. Also-current (within 30 days) spore test results shall be provided on site for all in use autoclaves.	4/15
11F	Spore test results were not provided. Spore test results shall be maintained on file at facility for 2 years.	4/24
3B1-6	Facility records are missing the following information: contract/agreement for sharps disposal, spore test log and operating manual for autoclave. Provide missing information.	4/24
<b>Comments:</b>	<b>Note: Per employees, water heater is turned off if basement light switch is turned off. Informed owner that hand sinks shall have hot water (90F) at all times during operation. Operator shall take necessary precautions to ensure that hand sinks provide hot water.</b>	
	Reminded artists that their body artist licenses shall be prominently displayed at their workstations.	
		Received by: <i>(Print Name)</i> Nikolas Pew, Owner
<b>Inspected by: Katie Paulson</b> 720-865-5397 Katie.paulson@denvergov.org		Received by: <i>(Signature)</i>  Via email 4/16/15