

		<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 8/26/15 <hr/> Est. # 2015-0002771 <hr/> Exp Not finalized	
Facility Name All Heart Industry				Phone #		Legend: C = Compliance NC = Non-Compliance NA = Not applicable	
Address 246 W 6 <sup>th</sup> Ave				CityDenver		Zip	
Manager Courtney (Ryane) Leigh							

  

C	NC	NA	Sect.		C	NC	NA	Sect.	
<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	<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"/>	11	<b>Instruments</b>
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	11A	<b>STERILIZER REQUIREMENTS</b> Sterilizer must be steam autoclave, clean and maintained
<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"/>	11A5	<b>SINGLE USE ITEMS</b> Proper disposal, no re-use
<input checked="" type="checkbox"/>	<input 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"/>	11B	<b>INSTRUMENT CLEANING</b> Packaging & sterilization, glove use – multi use, soaked, disassembled
<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"/>	11C	<b>INSTRUMENT PACKAGING / WRAPPING</b> Clean gloves, sterilizer indicator, labeled with sterilization time & date
<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 type="checkbox"/>	<input checked="" 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"/>	7A-B	<b>PREMISES</b> Clean, good repair	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	<b>LIGHTING</b> 50 ft candles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	7D	<b>SURFACES</b> Construction in critical areas	<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"/>	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"/>	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"/>	7F	<b>SEPARATION OF EQUIPMENT</b> Cleaning, packaging, handling, storage	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7G	<b>SEPARATION OF SINKS</b> Handwashing, instrument cleaning, utility	<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
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7M	<b>REFUSE</b> Lined receptacles, frequency of disposal					
<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 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)					

## Page \_\_2 of 2\_\_

NUMBER	VIOLATION		CORRECT BY:
A1-2	BBP provided for Raoul was expired and was from an unapproved website (Protraining.com). BBP shall be current and from a DEH approved provider. List provided to artist.		9/2
2A4	Artist's license was not prominently displayed (Courtney Leigh). Business license was not displayed because it has not yet been finalized. Prominently display all licenses. Inspector could not find a record of Courtney Leigh's artist license. Artist shall cease and desist all body art procedures until a current Denver Body Artist license has been emailed to the inspector.		8/26
3A	Employee files were not provided. Employee files shall be maintained on site and include the following information for all employees: legal name, home address, phone number and proof of HBV series or written declination of HBV series.		9/2
3B1-6	Facility records are missing the following: finalized establishment business license and exposure control plan. Provide missing information.		9/2
5C1-6	The following information is missing from more than 10 client consent forms: source/manufacture and lot number of ink, package/lot numbers for needles and tubes. Aftercare forms are missing the following information: facility name, address, phone number, artist name, when to seek medical attention and the DEH reporting statement. See guidance handouts provided for all information to be included.		8/26
7M	Regulated/infectious waste products such as used gloves, ink/body fluid soaked paper towels, used ink caps, etc are being disposed of as regular waste in an unlabeled trash can. Regulated/infectious waste shall be disposed of in a labeled (biohazard) trash can and be removed from the facility by the medical waste company.		8/26
10	Exposure control plan was not provided. Provide completed exposure control plan.		9/2
11	Razors and expired needles are being disposed of in the regular trash can with infectious waste. Sharps shall only be disposed of in the sharps container.		8/26
11C	Several expired needles and tubes were present in 2 artists' stations. Expired instruments shall be removed from the workstations/the facility.		8/26
12B	Male artist is using "Prospray" wipes for disinfecting of his procedure area; per manufacturer's label, this product is not an EPA approved disinfectant. Label indicates that it does not kill HBV or HCV. Only EPA approved disinfectants shall be used in the facility.		8/26
Comments:	Business license has not been finalized; finalize license. Label all chemicals. Provide screen on back door to protect outer openings.		
		Received by: (Print Name) Courtney Leigh (Ryane), Owner	Title
Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org		Received by: (Signature)  emailed on 8/27/15	