



Denver Environmental Health Body Art Facility Inspection Report

Type of Inspection
1. Regular
2. Follow-up
3. Complaint
4. Temp Event

Date 4/11/15
Est. # 1071804
Exp 4/8/15

Facility Name Epiphany Tattoo
Address 987 Santa Fe
Manager Dick Mellore

City

Phone #

Zip

Legend:

C = Compliance
NC = Non-Compliance
NA = Not applicable

| C | NC | NA | Sect. | |
|-------------------------------------|-------------------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A1-2 | BODY ARTIST UP knowledge & renewal (3 years), HBV |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2A4 | BUSINESS LICENSE Knowledge, paperwork, license |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3A | EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof |
| <input checked="" 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"/> | 5A | CUSTOMER RECORDS For minimum of 2 years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5B1-8 | CLIENT MEDICAL HISTORY Proper documented risk factors |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5C1-6 | CLIENT CONSENT FORMS Client info, procedure date, type and location of body art, aftercare, side effects |
| <input checked="" 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"/> | 7A-B | PREMISES Clean, good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7C | LIGHTING 50 ft candles |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7D | SURFACES Construction in critical areas |
| <input checked="" 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"/> | 7F | SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage |
| <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 checked="" 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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|-------------------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-9 | TEMPORARY EVENT Clean up |
| <input checked="" 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"/> | 11A | STERILIZER REQUIREMENTS Sterilizer must be steam autoclave, clean and maintained |
| <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"/> | 11B | INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled |
| <input checked="" 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 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"/> | 11E | STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area |
| <input checked="" type="checkbox"/> | <input 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"/> | 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"/> | 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"/> | 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"/> | 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 |

[illegible]