

 Denver Environmental Health Body Art Facility Inspection Report		Type of Inspection 1. Regular X 2. Follow-up 3. Complaint 4. Temp Event	Date 1/7/2015																																																																																																																																																																													
			Est. # 0004509																																																																																																																																																																													
			Exp 12/4/15																																																																																																																																																																													
Facility Name Beto's Hair Studio		Phone # 720-298-4085	Legend: C = Compliance NC = Non-Compliance NA = Not applicable																																																																																																																																																																													
Address 105 N Federal Blvd	City	Zip																																																																																																																																																																														
Manager Vitil Perez																																																																																																																																																																																
<table border="1"> <thead> <tr> <th>C</th> <th>NC</th> <th>NA</th> <th>Sect.</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>A1-2</td> <td>BODY ARTIST UP knowledge & renewal (3 years), HBV</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2A4</td> <td>BUSINESS LICENSE Knowledge, paperwork, license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3A</td> <td>EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3B1-6</td> <td>FACILITY RECORDS Sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5A</td> <td>CUSTOMER RECORDS For minimum of 2 years</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5B1-8</td> <td>CLIENT MEDICAL HISTORY Proper documented risk factors</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5C1-6</td> <td>CLIENT CONSENT FORMS Client info, procedure date, type and location of body art, aftercare, side effects</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6</td> <td>FLOORS, WALLS AND CEILINGS Construction, outer openings protected, compliance</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7A-B</td> <td>PREMISES Clean, good repair</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7C</td> <td>LIGHTING 50 ft candles</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7D</td> <td>SURFACES Construction in critical areas</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7E</td> <td>HANDSINKS Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7F</td> <td>SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7G</td> <td>SEPARATION OF SINKS Handwashing, instrument cleaning, utility</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7J</td> <td>WAITING AREA; TOILET FACILITIES Separated, construction, availability</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>7K</td> <td>REUSABLE CLOTH ITEMS Mechanically washed 140 degrees + or disinfectant or heat dryer</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7L</td> <td>ANIMALS Prohibited in critical areas</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7M</td> <td>REFUSE Lined receptacles, frequency of disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7N</td> <td>HANDLING SHARPS / INFECTIOUS WASTE Sharps containers, bio-hazard bags, contracted treatment facility, on site disposal, labeling, storage, use of chemicals</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>8-9</td> <td>TEMPORARY EVENT Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)</td> </tr> </tbody> </table>	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3A	EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	5A	CUSTOMER RECORDS For minimum of 2 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5B1-8	CLIENT MEDICAL HISTORY Proper documented risk factors	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7A-B	PREMISES Clean, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	LIGHTING 50 ft candles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7D	SURFACES Construction in critical areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7E	HANDSINKS Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7F	SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7G	SEPARATION OF SINKS Handwashing, instrument cleaning, utility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7J	WAITING AREA; TOILET FACILITIES Separated, construction, availability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7K	REUSABLE CLOTH ITEMS Mechanically washed 140 degrees + or disinfectant or heat dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L	ANIMALS Prohibited in critical areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M	REFUSE Lined receptacles, frequency of disposal	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	8-9	TEMPORARY EVENT Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)	<table border="1"> <thead> <tr> <th>C</th> <th>NC</th> <th>NA</th> <th>Sect.</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>8-9</td> <td>TEMPORARY EVENT Clean up</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10</td> <td>INFECTION / EXPOSURE CONTROL WRITTEN PROCEDURES Compliance, instrument and procedure area cleaning and sterilization, UP procedures, infectious waste management</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11A</td> <td>STERILIZER REQUIREMENTS Sterilizer must be steam autoclave, clean and maintained</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11A5</td> <td>SINGLE USE ITEMS Proper disposal, no re-use</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11B</td> <td>INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11C</td> <td>INSTRUMENT PACKAGING / WRAPPING Clean gloves, sterilizer indicator, labeled with sterilization time & date</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11D</td> <td>INSTRUMENT STERILIZATION Labeled medical instrument, operators manual, cleaned & maintained, load log available w/instrument description, date & time cycle time & temperature (2 years)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11E</td> <td>STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11F</td> <td>SPORE TESTING Monthly, maintain records (2 years), use of lab</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12A</td> <td>PROHIBITIONS Persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12B</td> <td>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</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12C</td> <td>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.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>12D</td> <td>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</td> </tr> </tbody> </table>	C	NC	NA	Sect.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8-9	TEMPORARY EVENT Clean up	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	11A	STERILIZER REQUIREMENTS Sterilizer must be steam autoclave, clean and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A5	SINGLE USE ITEMS Proper disposal, no re-use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11B	INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11C	INSTRUMENT PACKAGING / WRAPPING Clean gloves, sterilizer indicator, labeled with sterilization time & date	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11E	STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11F	SPORE TESTING Monthly, maintain records (2 years), use of lab	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3A	EMPLOYEE INFORMATION Legal name, home address, phone number, HBV proof																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	5A	CUSTOMER RECORDS For minimum of 2 years																																																																																																																																																																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5B1-8	CLIENT MEDICAL HISTORY Proper documented risk factors																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7A-B	PREMISES Clean, good repair																																																																																																																																																																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	LIGHTING 50 ft candles																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7D	SURFACES Construction in critical areas																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7E	HANDSINKS Hot & cold, accessible to procedure areas, toilet areas, soap and drying devices																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7F	SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7G	SEPARATION OF SINKS Handwashing, instrument cleaning, utility																																																																																																																																																																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7J	WAITING AREA; TOILET FACILITIES Separated, construction, availability																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7K	REUSABLE CLOTH ITEMS Mechanically washed 140 degrees + or disinfectant or heat dryer																																																																																																																																																																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L	ANIMALS Prohibited in critical areas																																																																																																																																																																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M	REFUSE Lined receptacles, frequency of disposal																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	8-9	TEMPORARY EVENT Waste water collected, handwashing facilities, on site sterilization or negative spore test (30 days)																																																																																																																																																																												
C	NC	NA	Sect.																																																																																																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8-9	TEMPORARY EVENT Clean up																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	11A	STERILIZER REQUIREMENTS Sterilizer must be steam autoclave, clean and maintained																																																																																																																																																																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A5	SINGLE USE ITEMS Proper disposal, no re-use																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11B	INSTRUMENT CLEANING Packaging & sterilization, glove use – multi use, soaked, disassembled																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11C	INSTRUMENT PACKAGING / WRAPPING Clean gloves, sterilizer indicator, labeled with sterilization time & date																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11E	STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area																																																																																																																																																																												
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11F	SPORE TESTING Monthly, maintain records (2 years), use of lab																																																																																																																																																																												
<input checked="" 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 checked="" 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 checked="" 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 checked="" 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																																																																																																																																																																												

Facility Name: ___Beto's Hair Studio_____

NUMBER	VIOLATION	CORRECT BY:
A1-2	Owner and sole artist is not knowledge with regards to blood borne pathogens and universal precautions. He is operating is an unsafe manner for his clients and himself; see numerous violations below. Owner shall do what is necessary (take additional classes, study information online, etc) to become more knowledgeable with regards to blood borne pathogens and universal precautions.	1/15
3A	Employee information was not provided for sole artist. Employee information shall be provided and include the following: legal name, home address, phone number and proof or declination of HBV.	1/15
3B1-6	Facility records were missing the following information: client records, infection exposure control plan, spore test log and manufacturer's information on autoclave. Provide missing information.	1/15
5A	Customer records (client consent forms) are not be utilized in facility. Client consent forms shall be used for each client/procedure and be maintained for 2 years.	1/7
5C1-6	Client consent forms are missing the following information: statement indicating that tattoos are permanent, can only be removed with a surgical/laser procedure and that any removal may leave scarring, sterilization date or package/lot number used during procedure, source/manufacturer and lot number of ink, pigment or dyes, artist name, etc. See document provided "Customer Records Guidelines." Aftercare is missing the following information: advising client to consult a physician at the first signs of any adverse reaction, artist name and reporting statement provided in handout labeled "Guidelines for Body Art Aftercare Instructions."	1/15
7D	One procedure chair is cloth and the other procedure chair is in poor condition with large holes in the leather. Neither of these surfaces can be properly disinfected as required. Chairs/tables used in procedure areas shall be smooth, in good condition and made of an easily cleanable material.	1/7
7E	Neither procedure area hand sink nor hand sink in restroom was equipped with paper towels. Hand sinks shall be equipped with paper towels. Corrected.	1/7
7F	Operator is cleaning soiled metal tubes in the hand sink in a plastic milk jug. A separate room/area has not been provided for cleaning and handling of soiled equipment. During the license sign off-owner stated that he would be using only disposable equipment and therefore, inspector did not require that he install an equipment washing area at that time. Due to lack of required equipment & cleaning areas-operator is ORDERED to cease using reusable equipment that requires sterilization. If owner wants to use reusable equipment then he will be required to install a separate area with equipment washing sink and hand sink. Owner states that he will use disposable items only.	1/7
7G	Owner is using the procedure area hand sink to wash soiled metal tubes. See ORDER issued in 7F.	1/7
7N	Regulated/infectious waste such as used gloves, ink/body fluid soaked paper towels, rinse cups, used ink caps, etc are being disposed of as regular trash. Also razors are being disposed of in trash can instead of the sharps container. Regulated/infectious waste shall be properly disposed of in covered, labeled trash cans (suggested bio hazard bags) and it shall be removed by an approved/contracted company. All sharps shall be disposed of in the sharps container. Chemicals are not properly labeled. Label all chemicals.	1/7
10	Infection exposure control plan is not completed. Provide completed plan.	1/15
11A	Operator was using reusable metal instruments such as tubes, but an autoclave was not provided on site. Operator states that he used the equipment left by previous artist and does not know if items were sterilized or not before he used them. Operator is ORDERED to cease and desist using reusable instruments that require sterilization. Remove metal instruments from the facility.	1/7
11B	See violation 11A and orders issued. Operator was not sterilizing equipment in an autoclave and therefore he was not cleaning or packaging instruments properly. Items were soaking uncovered in a cut off milk jug in the hand sink.	1/7
11C	See violations above. Instruments were not packaged with indicator tape nor labeled with dates because they were not being sterilized in an autoclave.	1/7

11D	No information regarding sterilization was being maintained because items were not sterilized.	1/7
11F	Spore tests were not being conducted; autoclave was not provided in facility.	1/7
12B	Cross contamination is not being prevented before, during and after procedures. Used procedural items (ink caps, ink/fluid soaked paper towels, etc) were left on the countertop for more than 6 hours after the last tattoo was performed. In use laptop computer was directly next to these soiled items. Clean gloves, bottles of ink, skin prep items, etc are being left on the countertop which is within 1 foot of where tattoo is being performed. Owner/artist is not using drape or lap cloths. Area and all items on countertops shall be properly disinfected. Operator shall dispose of any items that cannot be properly disinfected. Owner shall organize and store items to prevent cross contamination.	1/7
Comments:	Note: Owner informed inspector during the license sign off that he would only be using disposable instruments. As documented above, operator did not provide accurate information to inspector during sign off.	
		Received by: <i>(Print Name)</i> Vital Perez, owner/artist
		Title
Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org		Received by: <i>(Signature)</i>