

 <b>Denver Environmental Health</b> Body Art Facility Inspection Report		Type of Inspection 1. Regular 2. Follow-upX 3. Complaint 4. Temp Event	Date 1/9/15																																																																																																																																																																													
			Est. # 0004454																																																																																																																																																																													
			Exp 11/5/15																																																																																																																																																																													
Facility Name Scalp Aesthetics Colorado		Phone #	Legend: C = Compliance NC = Non-Compliance NA = Not applicable																																																																																																																																																																													
Address 3300 E 1 <sup>st</sup> Ave Ste 420 City Zip																																																																																																																																																																																
Manager Eddie Lopez																																																																																																																																																																																
<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 type="checkbox"/></td> <td>A1-2</td> <td><b>BODY ARTIST</b> UP knowledge &amp; renewal (3 years), HBV</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2A4</td> <td><b>BUSINESS LICENSE</b> Knowledge, paperwork, license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3A</td> <td><b>EMPLOYEE INFORMATION</b> Legal name, home address, phone number, HBV proof</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3B1-6</td> <td><b>FACILITY RECORDS</b> 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 type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5A</td> <td><b>CUSTOMER RECORDS</b> 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><b>CLIENT MEDICAL HISTORY</b> Proper documented risk factors</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5C1-6</td> <td><b>CLIENT CONSENT FORMS</b> Client info, procedure date, type and location of body art, aftercare, side effects</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6</td> <td><b>FLOORS, WALLS AND CEILINGS</b> Construction, outer openings protected, compliance</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7A-B</td> <td><b>PREMISES</b> Clean, good repair</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7C</td> <td><b>LIGHTING</b> 50 ft candles</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7D</td> <td><b>SURFACES</b> Construction in critical areas</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7E</td> <td><b>HANDSINKS</b> Hot &amp; cold, accessible to procedure areas, toilet areas, soap and drying devices</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7F</td> <td><b>SEPARATION OF EQUIPMENT</b> Cleaning, packaging, handling, storage</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7G</td> <td><b>SEPARATION OF SINKS</b> Handwashing, instrument cleaning, utility</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7J</td> <td><b>WAITING AREA; TOILET FACILITIES</b> Separated, construction, availability</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7K</td> <td><b>REUSABLE CLOTH ITEMS</b> Mechanically washed 140 degrees + or disinfectant or heat dryer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7L</td> <td><b>ANIMALS</b> Prohibited in critical areas</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7M</td> <td><b>REFUSE</b> Lined receptacles, frequency of disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7N</td> <td><b>HANDLING SHARPS / INFECTIOUS WASTE</b> 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 type="checkbox"/></td> <td>8-9</td> <td><b>TEMPORARY EVENT</b> 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 type="checkbox"/>	<input type="checkbox"/>	A1-2	<b>BODY ARTIST</b> UP knowledge & renewal (3 years), HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2A4	<b>BUSINESS LICENSE</b> Knowledge, paperwork, license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3A	<b>EMPLOYEE INFORMATION</b> Legal name, home address, phone number, HBV proof	<input type="checkbox"/>	<input 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 type="checkbox"/>	5A	<b>CUSTOMER RECORDS</b> For minimum of 2 years	<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"/>	5C1-6	<b>CLIENT CONSENT FORMS</b> Client info, procedure date, type and location of body art, aftercare, side effects	<input 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 type="checkbox"/>	7A-B	<b>PREMISES</b> Clean, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	<b>LIGHTING</b> 50 ft candles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7D	<b>SURFACES</b> Construction in critical areas	<input 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 type="checkbox"/>	<input type="checkbox"/>	7F	<b>SEPARATION OF EQUIPMENT</b> Cleaning, packaging, handling, storage	<input 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 type="checkbox"/>	7J	<b>WAITING AREA; TOILET FACILITIES</b> Separated, construction, availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7K	<b>REUSABLE CLOTH ITEMS</b> Mechanically washed 140 degrees + or disinfectant or heat dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L	<b>ANIMALS</b> Prohibited in critical areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M	<b>REFUSE</b> Lined receptacles, frequency of disposal	<input 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 type="checkbox"/>	8-9	<b>TEMPORARY EVENT</b> 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 type="checkbox"/></td> <td>8-9</td> <td><b>TEMPORARY EVENT</b> Clean up</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10</td> <td><b>INFECTION / EXPOSURE CONTROL WRITTEN PROCEDURES</b> Compliance, instrument and procedure area cleaning and sterilization, UP procedures, infectious waste management</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11A</td> <td><b>STERILIZER REQUIREMENTS</b> Sterilizer must be steam autoclave, clean and maintained</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11A5</td> <td><b>SINGLE USE ITEMS</b> Proper disposal, no re-use</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11B</td> <td><b>INSTRUMENT CLEANING</b> Packaging &amp; sterilization, glove use – multi use, soaked, disassembled</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11C</td> <td><b>INSTRUMENT PACKAGING / WRAPPING</b> Clean gloves, sterilizer indicator, labeled with sterilization time &amp; date</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11D</td> <td><b>INSTRUMENT STERILIZATION</b> Labeled medical instrument, operators manual, cleaned &amp; maintained, load log available w/instrument description, date &amp; time cycle time &amp; temperature (2 years)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11E</td> <td><b>STERILIZED INSTRUMENTS</b> Hands washed prior to handling, store in dry &amp; clean area</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11F</td> <td><b>SPORE TESTING</b> Monthly, maintain records (2 years), use of lab</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12A</td> <td><b>PROHIBITIONS</b> Persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12B</td> <td><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</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12C</td> <td><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.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12D</td> <td><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</td> </tr> </tbody> </table>	C	NC	NA	Sect.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-9	<b>TEMPORARY EVENT</b> Clean up	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	11A	<b>STERILIZER REQUIREMENTS</b> Sterilizer must be steam autoclave, clean and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A5	<b>SINGLE USE ITEMS</b> Proper disposal, no re-use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11B	<b>INSTRUMENT CLEANING</b> Packaging & sterilization, glove use – multi use, soaked, disassembled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11C	<b>INSTRUMENT PACKAGING / WRAPPING</b> Clean gloves, sterilizer indicator, labeled with sterilization time & date	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11E	<b>STERILIZED INSTRUMENTS</b> Hands washed prior to handling, store in dry & clean area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11F	<b>SPORE TESTING</b> Monthly, maintain records (2 years), use of lab	<input 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"/>	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 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 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
C	NC	NA	Sect.																																																																																																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A1-2	<b>BODY ARTIST</b> UP knowledge & renewal (3 years), HBV																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2A4	<b>BUSINESS LICENSE</b> Knowledge, paperwork, license																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3A	<b>EMPLOYEE INFORMATION</b> Legal name, home address, phone number, HBV proof																																																																																																																																																																												
<input type="checkbox"/>	<input 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 type="checkbox"/>	5A	<b>CUSTOMER RECORDS</b> For minimum of 2 years																																																																																																																																																																												
<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"/>	5C1-6	<b>CLIENT CONSENT FORMS</b> Client info, procedure date, type and location of body art, aftercare, side effects																																																																																																																																																																												
<input 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 type="checkbox"/>	7A-B	<b>PREMISES</b> Clean, good repair																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	<b>LIGHTING</b> 50 ft candles																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7D	<b>SURFACES</b> Construction in critical areas																																																																																																																																																																												
<input 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 type="checkbox"/>	<input type="checkbox"/>	7F	<b>SEPARATION OF EQUIPMENT</b> Cleaning, packaging, handling, storage																																																																																																																																																																												
<input 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 type="checkbox"/>	7J	<b>WAITING AREA; TOILET FACILITIES</b> Separated, construction, availability																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7K	<b>REUSABLE CLOTH ITEMS</b> Mechanically washed 140 degrees + or disinfectant or heat dryer																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L	<b>ANIMALS</b> Prohibited in critical areas																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M	<b>REFUSE</b> Lined receptacles, frequency of disposal																																																																																																																																																																												
<input 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 type="checkbox"/>	8-9	<b>TEMPORARY EVENT</b> 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 type="checkbox"/>	8-9	<b>TEMPORARY EVENT</b> Clean up																																																																																																																																																																												
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	11A	<b>STERILIZER REQUIREMENTS</b> Sterilizer must be steam autoclave, clean and maintained																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A5	<b>SINGLE USE ITEMS</b> Proper disposal, no re-use																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11B	<b>INSTRUMENT CLEANING</b> Packaging & sterilization, glove use – multi use, soaked, disassembled																																																																																																																																																																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11C	<b>INSTRUMENT PACKAGING / WRAPPING</b> Clean gloves, sterilizer indicator, labeled with sterilization time & date																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11E	<b>STERILIZED INSTRUMENTS</b> Hands washed prior to handling, store in dry & clean area																																																																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11F	<b>SPORE TESTING</b> Monthly, maintain records (2 years), use of lab																																																																																																																																																																												
<input 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"/>	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 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 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																																																																																																																																																																												

# Body Art Inspection Report

Page \_\_2 of 2\_\_

Facility Name: \_\_Scalp Aesthetics CO\_\_

NUMBER	VIOLATION		CORRECT BY:
5B	Corrected		
5C	Corrected		
7N	Corrected		
11C	Expired items removed		
12B	Corrected		
12C	Corrected		
Comments:	Proof of corrections were emailed to inspector on 1/9/15. Updated report was emailed to operator on 1/9/15		
		Received by: <i>(Print Name)</i> Edward Lopez, Owner	Title
Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org		Received by: <i>(Signature)</i>	