



# Denver Environmental Health Body Art Facility Inspection Report

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

Date 7/3/15 12:15p  
Est. # 399745  
Exp 1010831

Facility Name	<u>Freaky's</u>		Phone #	Legend:
Address	<u>5701 <del>W</del> E Colfax</u>	City	Zip	C = Compliance
Manager	<u>Kenny</u>			NC = Non-Compliance
				NA = Not applicable

C	NC	NA	Sect.		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"/>	8-9	<b>TEMPORARY EVENT</b> Clean up
<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"/>	10	<b>INFECTION / EXPOSURE CONTROL</b> <b>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"/>	3A	<b>EMPLOYEE INFORMATION</b> Legal name, home address, phone number, HBV proof	<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"/>	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"/>	11A5	<b>SINGLE USE ITEMS</b> Proper disposal, no re-use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5A	<b>CUSTOMER RECORDS</b> For minimum of 2 years	<input 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 type="checkbox"/>	<input type="checkbox"/>	5B1-8	<b>CLIENT MEDICAL HISTORY</b> Proper documented risk factors	<input 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"/>	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"/>	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"/>	6	<b>FLOORS, WALLS AND CEILINGS</b> Construction, outer openings protected, compliance	<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"/>	7A-B	<b>PREMISES</b> Clean, good repair	<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"/>	7C	<b>LIGHTING</b> 50 ft candles	<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 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"/>	12B	<b>BODY ARTIST'S PRACTICES</b> Handwashing between clients, new clean gloves, 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"/>	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"/>	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"/>	7F	<b>SEPARATION OF EQUIPMENT</b> Cleaning, packaging, handling, storage	<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
<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)					

Facility Name: Freaky's

NUMBER

VIOLATION

CORRECT  
BY:

Visited facility regarding mold complaint. Complaint is founded.

Water damage is present in the wall + ceiling of the office. Per manager, roof is leaking + has caused the damage.

Owner of the building is aware of the issue.

Walls + ceilings shall be maintained in good condition, sound repair + be free from holes, cracks, breaks, dampness, etc. Repair/replace damaged areas of wall + ceiling and stop water from leaking into the building.

Note: Water damage is in the office, not the body art side of the building.

Reinspection on 7/31/15

Comments:

Received by: (Print Name)

Title

Kenneth Church

Manager

Received by: (Signature)

Inspected by: Katie Paulson

720-865-5397

Katie.paulson@denvergov.org