

 Denver Environmental Health Body Art Facility Inspection Report		Type of Inspection 1. RegularX 2. Follow-up 3. Complaint 4. Temp Event		Date4/29/15																																																																																																																																																																												
				Est. # 1033753																																																																																																																																																																												
				Exp6/27/15																																																																																																																																																																												
Facility Name Mr. Tanks		Phone #		Legend: C = Compliance NC = Non-Compliance NA = Not applicable																																																																																																																																																																												
Address6640 E. Colfax		CityDenver	Zip																																																																																																																																																																													
Manager Joshua Johnson																																																																																																																																																																																
<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 type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/></td> <td><input 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 type="checkbox"/></td> <td><input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/></td> <td><input 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 type="checkbox"/>	<input checked="" 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 checked="" 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
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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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																																																																																																																																																																												

Facility Name: ___Mr. Tanks_____

NUMBER	VIOLATION	CORRECT BY:
A1-2	Bloodborne Pathogens certificates were not provided for any employees. Proof of HBV series or written declination of HBV series was not provided. Provide missing information. Owner shall ensure that BBP training is from a DEH approved source. Listed provided to owner.	5/14
3A	Employee files were not provided during inspection. Employee files shall be provided and include the following information: legal name, home address, phone number and proof of HBV or written declination of HBV.	5/14
3B1-6	Facility records were not provided during inspection. Facility records shall be maintained and include the following information: Posted establishment license, contract/agreement for sharps disposal, spore test log and test results (2 years), client records (2 years), manufacturer's information on autoclave and written infection exposure control plan. Provide and maintain this information.	5/14
5A	Client records were not provided for 2 years for every artist. All client records shall be maintained for 2 years and provided upon request.	4/30
5C1-6	The following information is not being recorded on all client consent forms: type and location of body art, sterilization date or package/lot number used during the procedure (ie. tubes, rounds, needles, cartridges, etc.) and source/manufacturer and lot number of ink. Piercing aftercare is missing the following information: artist name, advising client to contact a physician at the first sign of adverse reaction and updated DEH reporting statement. Tattoo aftercare is missing the following information: artist name and updated DEH reporting statement. Guidance documents were provided to owner and include all of this information.	4/30
7A-B	Counters, shelves, floors, walls, etc were not clean. The floor/wall juncture in the restroom is either absent in areas or in poor condition. A large section of wall is missing from under the hand sink in the rear work station. Facility shall be maintained clean and in good repair. Facility does not have a mop sink. Per employee, mop water is disposed of out of the back door. Mop water shall be disposed of in the toilet.	4/30-5/14
7D	Several procedure chairs and tables are torn and are in poor condition. Some have been repaired with duct tape. All surfaces in the procedure area shall be made of smooth, nonabsorbent materials to allow for easy cleaning and disinfection.	5/14
7E	Paper towels were not provided at 3 hand sinks (2 procedure and restroom.) Employee states that they have run out of paper towels. Paper towels shall be provided at all hand sinks. Paper towels placed at hand sinks that were in use.	4/30
7F	Separate/distinct area is not provided for cleaning equipment, wrapping/packaging equipment and for the handling and storage of sterilized equipment. Currently packages of sterilized equipment are being stored on open rack above open ultra sonic cleaner. Owner shall change procedures/re-organize/rearrange to ensure sterilized equipment is not being re-contaminated.	4/30
7M	Contaminated/infectious waste is being disposed of in open containers as regular trash. Contaminated/infectious/regulated waste shall be disposed of in covered containers and removed by a medical waste company. Per employee, rinse water is occasionally dumped outside. Rinse water shall either be wicked with paper towel or a highly absorbent material and placed in the bio-hazard container.	4/30
7N	Razors are being disposed of in the regular trash can. Razors are considered sharp and shall be disposed of in the sharps container. Some sharps containers are being overfilled. Sharps containers shall not be filled past the line indicated on the container.	4/30
10	Written infection exposure control plan was not provided. Provide completed plan and update annually. Blank plan provided to owner.	5/14
11A	Operator's manual for the autoclave was not provided. Provide manual.	5/14
11B	Dry, used instruments (tubes, grips, hemostats, clamps, etc) are being stored uncovered in plastic containers and the ultra sonic cleaner. Used instruments shall be placed in a covered container and soaked in an instrument soaking solution until cleaning can be performed. Provide lid for ultra sonic cleaner.	4/30

11C	Packages of tubes, hemostats, grips, etc that were sterilized on site were not marked with the sterilization or expiration date. Several packages of expired needles were present in work stations. Packages of instruments sterilized on site shall be labeled with the sterilization date. Expired instruments shall either be re-sterilized or properly disposed of.	4/30
11D	Sterilizer load logs were not provided. Sterilizer load log shall be maintained for 2 years and include the information provided on example log by inspector.	4/30
11E	Sterilized instruments are being stored in unclean areas (near ultra sonic clean, near hand sink, next to sharps containers, in dirty drawers, etc) and comingled with personal items. Sterilized instruments shall be stored in a dry, clean area reserved for storage of sterile instruments.	4/30
11F	Spore tests were not provided. Operator is ORDERED to cease and desist using autoclave until a negative spore test is provided to inspector. Spore testing shall be conducted monthly, tests shall be recorded on a log and results shall be maintained on site for 2 years.	4/30
12B	Artist was not using a drape, lap cloth or apron during a procedure. Drapes, lab cloths or aprons shall be used during procedures.	4/30
12D	Per owner, jewelry used for piercings was being soaked in alcohol prior to use. Load logs for disinfecting were not provided. Alcohol is not an EPA registered disinfectant. Only EPA registered disinfectants shall be used to sterilize jewelry used for piercings. Load logs shall be maintained for 2 years. Example provided to owner.	4/30
Comments:	Label all chemicals	
	Reminded artist that neither he nor his clients shall be under the influence of drugs or alcohol during procedures.	
		Received by: <i>(Print Name)</i> Joshua Johnson, Owner
Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org		Title Received by: <i>(Signature)</i> Via email 4/30/15