



DENVER
THE MILE HIGH CITY

Denver Environmental Health Body Art Facility Inspection Report

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

Date 8/18/15
Est. # No License
Exp

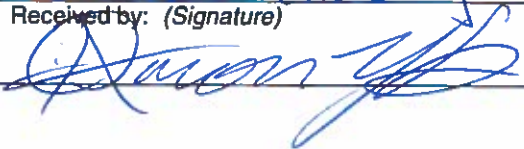
Facility Name Denver Ink
Address 2902 W Jewell Ave City
Manager Aaron Yellow

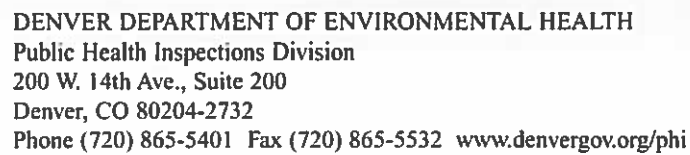
Phone # 3204212914
Zip
Legend:
C = Compliance
NC = Non-Compliance
NA = Not applicable

C	NC	NA	Sect.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A1-2	BODY ARTIST UP knowledge & renewal (3 years), HBV
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5B1-8	CLIENT MEDICAL HISTORY Proper documented risk factors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5C1-6	CLIENT CONSENT FORMS Client info, procedure date, type and location of body art, aftercare, side effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	FLOORS, WALLS AND CEILINGS Construction, outer openings protected, compliance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7A-B	PREMISES Clean, good repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7C	LIGHTING 50 ft candles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7D	SURFACES Construction in critical areas
<input 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 type="checkbox"/>	<input type="checkbox"/>	7F	SEPARATION OF EQUIPMENT Cleaning, packaging, handling, storage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7G	SEPARATION OF SINKS Handwashing, instrument cleaning, utility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7J	WAITING AREA; TOILET FACILITIES Separated, construction, availability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7K	REUSABLE CLOTH ITEMS Mechanically washed 140 degrees + or disinfectant or heat dryer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7L	ANIMALS Prohibited in critical areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7M	REFUSE Lined receptacles, frequency of disposal
<input 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11A5	SINGLE USE ITEMS Proper disposal, no re-use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11B	INSTRUMENT CLEANING Packaging & sterilization, glove use - multi use, soaked, disassembled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11C	INSTRUMENT PACKAGING / WRAPPING Clean gloves, sterilizer indicator, labeled with sterilization time & date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11D	INSTRUMENT STERILIZATION Labeled medical instrument, operators manual, cleaned & maintained, load log available w/instrument description, date & time cycle time & temperature (2 years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11E	STERILIZED INSTRUMENTS Hands washed prior to handling, store in dry & clean area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11F	SPORE TESTING Monthly, maintain records (2 years), use of lab
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12A	PROHIBITIONS Persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12B	BODY ARTIST'S PRACTICES Handwashing between clients, new clean groves, fresh linens, instruments remaining packaged prior to use, cross-contamination prevention, supplies properly disposed, disinfection of procedure area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12C	TATTOOING PROCEDURES Hectographic or single-use stencils for outlines, non-toxic single use markers for free hand, multi-use stencils only if disinfected prior to use, area cleaned and treated, unused ink properly disposed, excess ink properly removed after body area covered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12D	BODY PIERCING PROCEDURES Needles are sterile, single use, manufactured for use, disposed properly, jewelry is new or disinfected, clean and good repair, studs-and-clasp used according to manufacturer

Facility Name: Denver Ink

NUMBER	VIOLATION	CORRECT BY:
	Visited facility for license complaint. Complaint is founded. Facility does not have a business license, Operator has an inspection card that I signed disapproved. Operator is ORDERED to cease + desist all body art procedures until Body Art Establishment license has been obtained.	
412	Aaron S (owner) artist license has expired.	
244	Facility is not licensed.	
3A	Employee information not provided: provide legal name, home address, phone #	
3B1-10	Facility Records not provided	HBV
SA	Customer records missing: ink, lot #s, manu, etc	
SB1-8	Aftercare not provided	
7E	Provide 2nd station in small room doesn't have a hand sink. Install hand sink w/ hot + cold running water	
7N	Provide contract for sharps + disposal. Provide sep/covered labeled trash cans for bio hazard	
10.	Provide exposure control plan	
11 A	Metal clamps for piercing observed by hand sink. No autoclave is present. Remove reusable metal instruments unless sterilization room w/ autoclave is installed.	
12A	No smoking in facility	
7A-B	Install mop sink	
Comments:		
	2015-BFN-0002911	
	Denver Ink	
Inspected by: Katie Paulson 720-865-5397 Katie.paulson@denvergov.org		Received by: (Print Name) Title Aaron Yellowboy Owner Received by: (Signature) 



☐ Walk-through ☐ Technical Assistance ☐ Comments Time 4:30 3:30 ☐ AM ☒ PM

Received by Ramon V B

K. Paulson
Inspected by

