

INYO COUNTY ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

P.O. Box 427

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**TATTOOING, BODY PIERCING AND PERMANENT COSMETICS
INSPECTION REPORT**

Facility ID	Fee Code	Inspection Date MM DD YY	Time In	Inspection Time
Facility Name		Practitioner Names	Time Out	
Facility Location		Also Present	Owner	
Inspector	Inspector Signature	Received By (Operator)		

The above operation was inspected for compliance with applicable sections of Chapter 7 (commencing with Section 119300) Part 15 of Division 104 of the California Health & Safety Code. Please be advised that the standards provided herein are considered interim standards. Future state regulations may differ from any set of standards used for the advisory inspection. Items checked below indicate deficiencies and require corrective action.

STERILIZATION AND SANITATION	DOCUMENTATION	OPERATORS
1. <input type="checkbox"/> Approved sterilizer 2. <input type="checkbox"/> Sterilizer used/cleaned/maintained properly 3. <input type="checkbox"/> Documentation on required spore test 4. <input type="checkbox"/> Instruments properly cleaned/packaged/sterilized/stored 5. <input type="checkbox"/> Work surfaces clean and disinfected 6. <input type="checkbox"/> Inks, pigments, dyes not reused 7. <input type="checkbox"/> Approved rotary pens	16. <input type="checkbox"/> Proper client records maintained 17. <input type="checkbox"/> Client advised procedure is permanent 18. <input type="checkbox"/> Client not impaired by drugs or alcohol 19. <input type="checkbox"/> Tattooing, body piercing, permanent cosmetics for persons under eighteen 20. <input type="checkbox"/> Facility permit 21. <input type="checkbox"/> Exposure control plan	32. <input type="checkbox"/> Personnel with infections restricted 33. <input type="checkbox"/> No eating, drinking or smoking 34. <input type="checkbox"/> Clean outer clothing 35. <input type="checkbox"/> Hepatitis B Vaccination 36. <input type="checkbox"/> Proper handwashing 37. <input type="checkbox"/> Proper use of disposable gloves 38. <input type="checkbox"/> Proper use of faceshield 39. <input type="checkbox"/> Proof of registration with LEA
TEMPORARY FACILITIES	MOBILE FACILITIES	TOILET AND HANDWASHING FACILITIES
8. <input type="checkbox"/> Handwash facilities & hand sanitizer 9. <input type="checkbox"/> Adequate lighting 10. <input type="checkbox"/> Separate cleaning/sterilization area 11. <input type="checkbox"/> Approved sterilization units with spore test certification	22. <input type="checkbox"/> Handsink with adequate supply of water 23. <input type="checkbox"/> Liquid waste tank adequate 24. <input type="checkbox"/> Proper liquid waste disposal 25. <input type="checkbox"/> Restroom within 200 feet 26. <input type="checkbox"/> All procedures performed inside vehicle	40. <input type="checkbox"/> Hot and cold water at all sinks 41. <input type="checkbox"/> Soap/paper towels in proper dispensers 42. <input type="checkbox"/> Restrooms available to clients 43. <input type="checkbox"/> Handsinks adequate 44. <input type="checkbox"/> Restroom walls and ceiling light colored
EQUIPMENT	CLIENTS	WASTE DISPOSAL
12. <input type="checkbox"/> Separate area for cleaning equipment 13. <input type="checkbox"/> Cleaning area sink 14. <input type="checkbox"/> Approved sanitizer 15. <input type="checkbox"/> Contaminated non-disposable equipment properly stored	27. <input type="checkbox"/> Skin surfaces cleaned before procedure 28. <input type="checkbox"/> No procedures on unhealthy skin 29. <input type="checkbox"/> Proper aftercare instructions 30. <input type="checkbox"/> Single use needles only for body piercing 31. <input type="checkbox"/> Clean linens used for each client	45. <input type="checkbox"/> Trash receptacles clean and covered 46. <input type="checkbox"/> Biohazardous-labeled sharps container 47. <input type="checkbox"/> Contaminated sharps/waste disposal 48. <input type="checkbox"/> Used items properly discarded 49. <input type="checkbox"/> Proper disposal of sewage/liquid waste 50. <input type="checkbox"/> Janitorial sink

Comments
