

## BODY ART INSPECTION FORM

|   |  |  |   |
|---|--|--|---|
| Owner Name <b>Buzz Richardson</b>   |  | Inspection date <b>10/29/2009</b>  |   |
| Facility Name <b>TATS</b>   |  | Phone # <b>719-276-1050</b>  | Fax#  |
| Facility Address <b>407-B Main Street, Canon City, CO</b>   |  | Email Address  |   |
| <b>Type of Inspection:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br><input type="checkbox"/> Pre-opening<br><input type="checkbox"/> Complaint |  | <b>Type of Facility (Check all that apply):</b><br><input checked="" type="checkbox"/> Tattoo<br><input checked="" type="checkbox"/> Body Piercing<br><input type="checkbox"/> Cosmetic Tattooing<br><input type="checkbox"/> Branding<br><input type="checkbox"/> Scarification<br><input type="checkbox"/> Sculpting<br><input type="checkbox"/> Other |   |
| <b>Certificate of Compliance Posted</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> New Facility  |  | <b>Follow up Inspection required</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Certificate of Compliance Approved</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Establishment Closed Until Abatement of Violations</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA                                      |  | <b>Follow up Inspection will be conducted on or after</b><br><b>November 20, 2009</b>  |   |

### VIOLATIONS

|                                     |                 |  |
|-------------------------------------|-----------------|--|
| <input checked="" type="checkbox"/> | <b>2-201(a)</b> | <b><i>DEMONSTRATION OF KNOWLEDGE, ALL BODY ARTISTS, UNIVERSAL PRECAUTIONS, ETC.*</i></b>         |
| <input checked="" type="checkbox"/> | 2-201(b)        | HEPATITIS B VACCINE FOR EACH ARTIST OR MEDICAL EXEMPTION   |
| <input type="checkbox"/>            | 3-301           | CERTIFICATE OF SUBSTANTIAL COMPLIANCE  |
| <input type="checkbox"/>            | <b>3-302</b>    | <b><i>PERSON(S) IN CHARGE AT ALL TIMES</i></b>   |
| <input checked="" type="checkbox"/> | 3-303           | EMPLOYEE/ARTIST INFORMATION ON FILE & AVAILABLE  |
| <input checked="" type="checkbox"/> | 3-304(a)        | PERSON IN CHARGE ACCESS TO AGREEMENT FOR SHARPS/INFECTIOUS WASTE DISPOSAL                        |
| <input checked="" type="checkbox"/> | 3-304(b)        | PERSON IN CHARGE ACCESS TO SPORE TEST LOG AND TEST RESULTS                                       |
| <input type="checkbox"/>            | 3-304(c)        | PERSON IN CHARGE ACCESS TO CLIENT RECORDS (MAINTAINED FOR 3 YEARS)                               |
| <input checked="" type="checkbox"/> | 3-304(d)        | PERSON IN CHARGE ACCESS TO MANUFACTURER'S INFORMATION ON STERILIZATION EQUIPMENT                 |
| <input checked="" type="checkbox"/> | 3-304(e)        | PERSON IN CHARGE ACCESS TO INFECTION & EXPOSURE CONTROL WRITTEN PROCEDURES                       |
| <input type="checkbox"/>            | 4-402           | CLIENT DISCLOSURE OF MEDICAL CONDITIONS  |
| <input type="checkbox"/>            | 4-403           | CLIENT CONSENT FORMS COMPLETED FOR ALL PROCEDURES AND AVAILABLE                                  |
| <input type="checkbox"/>            | 4-404           | PARENTAL OR LEGAL GUARDIAN CONSENT FORM FOR MINORS (UNDER 18) WITH PHOTO ID                      |
| <input type="checkbox"/>            | 5-501           | FLOORS, WALLS & CEILINGS IN PROCEDURE & INSTRUMENT CLEANING AREAS                                |
| <input type="checkbox"/>            | 5-502           | TOILET FACILITIES AVAILABLE, FLOORS & WALLS, GOOD REPAIR   |
| <input type="checkbox"/>            | 5-503           | PREMISES CLEAN, GOOD REPAIR  |
| <input type="checkbox"/>            | 5-504           | ADEQUATE LIGHTING IN PROCEDURE & INSTRUMENT CLEANING AREAS                                       |
| <input checked="" type="checkbox"/> | 5-505           | WORK SURFACES IN PROCEDURE, INSTRUMENT CLEANING, & TOILET ROOMS SMOOTH & CLEANABLE               |
| <input checked="" type="checkbox"/> | <b>5-506</b>    | <b><i>HANDSINKS HOT/COLD WATER, ACCESSIBLE, SOAP &amp; DRYING DEVICES*</i></b>                   |
| <input type="checkbox"/>            | 5-507           | SEPARATE AREA(S) FOR CLEANING, HANDLING & STORING STERILIZED EQUIPMENT                           |
| <input type="checkbox"/>            | 5-508           | SINKS USED FOR DESIGNATED PURPOSES ONLY, SEPARATE HANDSINKS, INSTRUMENT WASH SINKS               |
| <input type="checkbox"/>            | <b>5-509</b>    | <b><i>WATER, APPROVED SOURCE*</i></b>  |
| <input type="checkbox"/>            | <b>5-510</b>    | <b><i>SEWAGE DISPOSAL*</i></b>   |
| <input type="checkbox"/>            | <b>5-511</b>    | <b><i>REFUSE DISPOSAL, LINED WASTE RECEPTACLES*</i></b>  |
| <input type="checkbox"/>            | 5-512           | WAITING AREA SEPARATE FROM PROCEDURE AREAS & INSTRUMENT AREAS                                    |
| <input type="checkbox"/>            | 5-513           | REUSABLE CLOTH ITEMS WASHED/DISINFECTED/STORED   |
| <input type="checkbox"/>            | 5-514           | ANIMALS PROHIBITED IN PRECEDURE AREAS & INSTRUMENT AREAS   |
| <input checked="" type="checkbox"/> | 5-515           | CHEMICALS LABELED, STORED, USED  |
| <input type="checkbox"/>            | 5-516           | ESTABLISHMENT COMPLETELY SEPARATED FROM LIVING AREAS, FOOD PREPARATION, ETC.                     |
| <input type="checkbox"/>            | 5-517           | PROCEDURE AREAS CLEARLY SEPARATED FROM HAIR & FINGERNAIL CARE                                    |
| <input checked="" type="checkbox"/> | 5-518           | UTILITY SINK   |
| <input type="checkbox"/>            | 5-519           | BACKFLOW PREVENTION DEVICES INSTALLED  |
| <input checked="" type="checkbox"/> | <b>5-520</b>    | <b><i>SHARPS DISPOSAL/INFECTIOUS WASTE DISPOSAL, SHARPS CONTAINERS, RED BIO-HAZARD BAGS*</i></b> |
| <input type="checkbox"/>            | 6-601           | PERMANENT FACILITY   |
| <input checked="" type="checkbox"/> | <b>7-701</b>    | <b><i>INFECTION &amp; EXPOSURE CONTROL WRITTEN PROCEDURES*</i></b>                               |

|                                     |                    |  |
|-------------------------------------|--------------------|--|
| <input type="checkbox"/>            | 8-801(a)           | PENETRATING INSTRUMENTS PROPERLY CLEANED BEFORE STERILIZATION  |
| <input type="checkbox"/>            | <b>8-801(b)</b>    | <b>ALL INSTRUMENTS PLACED IN PROCEDURE AREA REPACKAGED &amp; RE-STERILIZED*</b>  |
| <input type="checkbox"/>            | 8-801(c)           | EMPLOYEES WEAR HEAVY-DUTY WATERPROOF GLOVES FOR INSTRUMENT CLEANING  |
| <input type="checkbox"/>            | 8-801(d)           | USED INSTRUMENTS SOAKED IN DISINFECTANT UNTIL CLEANED  |
| <input type="checkbox"/>            | 8-801(e)           | INSTRUMENTS DISASSEMBLED FOR CLEANING  |
| <input type="checkbox"/>            | 8-801(f)           | INSTRUMENT COMPONENTS PROPERLY CLEANED MANUALLY OR ULTRASONIC, PRE STERILIZATION   |
| <input type="checkbox"/>            | 8-802(a)           | EMPLOYEE GLOVE USE TO PACKAGE/WRAP INSTRUMENTS FOR STERILIZATION   |
| <input type="checkbox"/>            | <b>8-802(b)</b>    | <b>STERILIZER INDICATOR ON EACH PACKAGE OF INSTRUMENTS*</b>  |
| <input type="checkbox"/>            | <b>8-802(c)</b>    | <b>INSTRUMENT PACKAGES LABELED WITH TIME/ DATE OF STERILIZATION, NO USE AFTER 6 MONTHS*</b>  |
| <input type="checkbox"/>            | 8-803(a)           | STERILIZER DESIGNED & LABELED AS MEDICAL INSTRUMENT STERILIZER   |
| <input checked="" type="checkbox"/> | 8-803(b)           | OPERATOR'S MANUAL FOR STERILIZER AVAILABLE, USED PER MANUAL RECOMMENDATIONS  |
| <input type="checkbox"/>            | 8-803(c)           | STERILIZER CLEANED & MAINTAINED PER MANUFACTURER'S SPECIFICATIONS  |
| <input type="checkbox"/>            | <b>8-803(d)</b>    | <b>STERILIZER LOAD LOG AVAILABLE AND MAINTAINED FOR 3 YEARS*</b>   |
| <input type="checkbox"/>            |                    | <b>1. LOG CONTAINS DESCRIPTION OF INSTRUMENTS IN LOAD</b>  |
| <input type="checkbox"/>            |                    | <b>2. DATE OF STERILIZATION LOAD &amp; TIME OR OTHER UNIQUE IDENTIFIER IF MORE THAN 1 LOAD DAILY</b>   |
| <input type="checkbox"/>            |                    | <b>3. STERILIZER CYCLE TIME &amp; TEMPERATURE</b>  |
| <input type="checkbox"/>            |                    | <b>4. COLOR CHANGE INDICATOR ON EACH PACKAGE</b>   |
| <input type="checkbox"/>            |                    | <b>5. ACTION TAKEN IF COLOR CHANGE DID NOT OCCUR</b>   |
| <input checked="" type="checkbox"/> | <b>8-803(e)</b>    | <b>MONTHLY SPORE TEST, INDEPENDENT LAB, RECORDS MAINTAINED FOR 3 YEARS AND AVAILABLE *</b>   |
| <input type="checkbox"/>            | 8-804              | STORAGE & HANDLING OF STERILIZED INSTRUMENT PACKS.   |
| <input type="checkbox"/>            | <b>8-805</b>       | <b>SINGLE-USE ITEMS PROPERLY DISPOSED OF, ALL SHARPS INTO APPROVED SHARPS CONTAINERS*</b>  |
| <input type="checkbox"/>            | 9-901(c)           | PROCEDURES PERFORMED ON DRUG OR ALCOHOL INPAIRED CLIENT PROHIBITED   |
| <input type="checkbox"/>            | 9-901(d)           | SMOKING, EATING, DRINKING IN PROCEDURE & INSTRUMENT CLEANING AREAS PROHIBITED  |
| <input type="checkbox"/>            | 9-901(e)           | PROCEDURES ON UNHEALTHY SKIN PROHIBITED  |
| <input type="checkbox"/>            | 9-901(f)           | PROCEDURES ON MINOR (UNDER 18) W/O WRITTEN PARENTAL OR GUARDIAN CONSENT PROHIBITED   |
| <input type="checkbox"/>            | <b>9-902(a)</b>    | <b>PROPER HANDWASHING, SOAP &amp; DISPOSABLE PAPER TOWELS OR AIR DRYING DEVICE AVAILABLE*</b>  |
| <input type="checkbox"/>            | <b>9-902(b)</b>    | <b>PROPER USE OF DISPOSABLE GLOVES*</b>  |
| <input type="checkbox"/>            | 9-902(c)           | CHANGE DRAPES, LAP CLOTHS OR APRONS BETWEEN EACH CLIENT, PROPER WASHING IF MULTI-USE   |
| <input type="checkbox"/>            | <b>9-902(d)</b>    | <b>PROPER GLOVE USE WHILE ASSEMBLING INSTRUMENTS &amp; SUPPLIES. ALL STERILIZED INSTRUMENTS IN STERILE PACKAGES UNTIL OPENED IN FRONT OF CLIENT*</b> |
| <input type="checkbox"/>            | <b>9-902(e)(f)</b> | <b>SINGLE-USE PORTIONS PROPERLY USED, DISCARDED*</b>   |
| <input type="checkbox"/>            | <b>9-902(g)</b>    | <b>PROCEDURE AREA DISINFECTED AFTER EACH CLIENT, SINGLE USE PAPER TOWELS*</b>  |
| <input type="checkbox"/>            | <b>9-903(a)</b>    | <b>STENCILS, SINGLE USE*</b>   |
| <input type="checkbox"/>            | <b>9-903(b)</b>    | <b>SKIN PREP. BEFORE STENCIL APPLICATION, SINGLE-USE RAZORS, TREATED WITH ANTICEPTIC*</b>  |
| <input type="checkbox"/>            | 9-903(c)           | SOLID DEODORANT USED PRIOR TO STENCIL, SINGLE-USE, OR MAY BE GIVEN TO CUSTOMER   |
| <input type="checkbox"/>            | <b>9-903(d)</b>    | <b>INKS, DYES, PIGMENTS SINGLE USE, UNUSED PRODUCT DISCARDED*</b>  |
| <input type="checkbox"/>            | 9-903(e)           | SINGLE-USE PRODUCTS TO REMOVE EXCESS INK, DYE, PIGMENT   |
| <input type="checkbox"/>            | 9-903(e)           | DISPOSABLE CUPS ONLY FOR CLEANING INK FROM THE NEEDLE  |
| <input type="checkbox"/>            | <b>9-903(f)</b>    | <b>SINGLE-USE TATTOO NEEDLES ONLY, NEEDLES PROPERLY DISCARDED*</b>   |
| <input type="checkbox"/>            | <b>9-903(g)</b>    | <b>PROCEDURE AREA ON BODY COVERED WITH APPROVED MATERIAL FOR DRESSING WOUNDS, GAUZE, BANDAGE, SKIN TAPE (NO PLASTIC WRAP)*</b>                       |
| <input type="checkbox"/>            | 9-904(a)           | SKIN PREP. BEFORE PIERCING, CLEANED WITH SOAP AND TREATED WITH MEDICAL ANTISEPTIC  |
| <input type="checkbox"/>            | <b>9-904(b)</b>    | <b>ONLY STERILE SINGLE-USE NEEDLES USED FOR PIERCING, PROPERLY DISCARDED*</b>  |
| <input type="checkbox"/>            | <b>9-904(c)</b>    | <b>JEWELRY STERILIZED OR NEW JEWELRY DISINFECTED, CLEAN, IN GOOD CONDITION*</b>  |
| <input type="checkbox"/>            | <b>9-904(d)</b>    | <b>STUD &amp; CLASP SYSTEMS PROPERLY USED, ONLY ON EARLOBES OR OUTER PERIMETER OF EAR*</b>   |

| SECTION  | DESCRIPTION OF VIOLATION / COMMENTS   | CORRECT BY: |
|----------|---|-------------|
| 2-201(a) | Apparently no formal training in Universal Precautions for all body artists. The required Infectious Waste Management Plan not available. | 11/20/2009  |
| 2-201(b) | All body artists have not completed the Hepatitis B vaccine series or have a  |             |

|          |  |            |
|----------|--|------------|
|          | written exemption on file from a physician.  |            |
| 3-303    | The person in charge did not have access to employee/artist information required to be on file and available for inspection.   |            |
| 3-304(a) | The person in charge did not have access to written agreements for sharps and infectious waste disposal.   |            |
| 3-304(b) | The person in charge did not have access to Spore Test Logs and previous test results.   |            |
| 3-304(d) | The person in charge did not have access to manufacturer's information on the sterilization equipment.   |            |
| 3-304(e) | The person in charge did not have access to Infectious and Exposure Control written procedures.  |            |
| 5-505    | The rim around the stainless steel sink in the instrument cleaning area is not sealed to the countertop.   |            |
| 5-506    | No cold water, hot water only at the hand wash sink in the procedure area.   | 11/20/2009 |
| 5-515    | Green soap in spray bottles not labeled as to contents, some other spray bottles are not labeled.  |            |
| 5-518    | No utility sink (mop sink) on premises.  |            |
| 5-520    | Some improper disposal of sharps, infectious waste. Sharps cannot be autoclaved and disposed of in the trash. The red biohazard bags cannot be disposed of in the trash, a contract with an approved disposal company is required.           | 11/20/2009 |
| 7-701    | No written procedures for Infection and Exposure Control.  | 11/20/2009 |
| 8-803(b) | The operator's manual for sterilization equipment is not available.  |            |
| 8-803(e) | A spore test for July, 2009 is posted, the person in charge did not know where other results were located and indicated that the spore test company did not send a monthly written report and only called if there was a non-compliant test. |            |

**\*CRITICAL ITEM VIOLATION** COS=Corrected on Site  
Unless otherwise noted, violations are required to be corrected by the next routine inspection.