

FREMONT COUNTY ENVIRONMENTAL HEALTH SERVICES



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CAÑON CITY, COLORADO 81212
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BODY ART INSPECTION FORM

PAGE 1 OF _____

Owner Name <u>Geralyn Strength</u>		Inspection date <u>3-30-2022</u>	
Facility Name <u>The G Spot</u>		Phone #	Fax#
Facility Address <u>1705 Fremont dr</u>		Email Address	
Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Complaint		Type of Facility (Check all that apply): <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input checked="" type="checkbox"/> Cosmetic Tattooing <input type="checkbox"/> Branding <input type="checkbox"/> Scarification <input type="checkbox"/> Sculpting <input type="checkbox"/> Other	
Certificate of Compliance Posted <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> New Facility		Follow up Inspection required Certificate of Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Establishment Closed Until Abatement of Violations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Follow up Inspection will be conducted on or after	

VIOLATIONS

<input type="checkbox"/>	2-201(a)	<i>DEMONSTRATION OF KNOWLEDGE, ALL BODY ARTISTS, UNIVERSAL PRECAUTIONS, ETC.*</i>
<input 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"/>	3-302	<i>PERSON(S) IN CHARGE AT ALL TIMES</i>
<input type="checkbox"/>	3-303	EMPLOYEE/ARTIST INFORMATION ON FILE & AVAILABLE
<input type="checkbox"/>	3-304(a)	PERSON IN CHARGE ACCESS TO AGREEMENT FOR SHARPS/INFECTIOUS WASTE DISPOSAL
<input 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 type="checkbox"/>	3-304(d)	PERSON IN CHARGE ACCESS TO MANUFACTURER'S INFORMATION ON STERILIZATION EQUIPMENT
<input 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 type="checkbox"/>	5-505	WORK SURFACES IN PROCEDURE, INSTRUMENT CLEANING, & TOILET ROOMS SMOOTH & CLEANABLE
<input type="checkbox"/>	5-506	<i>HANDSINKS HOT/COLD WATER, ACCESSIBLE, SOAP & DRYING DEVICES*</i>
<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"/>	5-509	<i>WATER, APPROVED SOURCE*</i>
<input type="checkbox"/>	5-510	<i>SEWAGE DISPOSAL*</i>
<input type="checkbox"/>	5-511	<i>REFUSE DISPOSAL, LINED WASTE RECEPTACLES*</i>
<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 PROCEDURE AREAS & INSTRUMENT AREAS
<input 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 type="checkbox"/>	5-518	UTILITY SINK
<input type="checkbox"/>	5-519	BACKFLOW PREVENTION DEVICES INSTALLED
<input type="checkbox"/>	5-520	<i>SHARPS DISPOSAL/INFECTIOUS WASTE DISPOSAL, SHARPS CONTAINERS, RED BIO-HAZARD BAGS*</i>
<input type="checkbox"/>	6-601	PERMANENT FACILITY
<input type="checkbox"/>	7-701	<i>INFECTION & EXPOSURE CONTROL WRITTEN PROCEDURES*</i>
<input type="checkbox"/>	8-801(a)	PENETRATING INSTRUMENTS PROPERLY CLEANED BEFORE STERILIZATION
<input type="checkbox"/>	8-801(b)	<i>ALL INSTRUMENTS PLACED IN PROCEDURE AREA REPACKAGED & RE-STERILIZED*</i>
<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"/>	8-802(b)	<i>STERILIZER INDICATOR ON EACH PACKAGE OF INSTRUMENTS*</i>
<input type="checkbox"/>	8-802(c)	<i>INSTRUMENT PACKAGES LABELED WITH TIME/ DATE OF STERILIZATION, NO USE AFTER 6 MONTHS*</i>
<input type="checkbox"/>	8-803(a)	STERILIZER DESIGNED & LABELED AS MEDICAL INSTRUMENT STERILIZER
<input 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"/>	8-803(d)	<i>STERILIZER LOAD LOG AVAILABLE AND MAINTAINED FOR 3 YEARS*</i>
<input type="checkbox"/>		<i>1. LOG CONTAINS DESCRIPTION OF INSTRUMENTS IN LOAD</i>
<input type="checkbox"/>		<i>2. DATE OF STERILIZATION LOAD & TIME OR OTHER UNIQUE IDENTIFIER IF MORE THAN 1 LOAD DAILY</i>
<input type="checkbox"/>		<i>3. STERILIZER CYCLE TIME & TEMPERATURE</i>
<input type="checkbox"/>		<i>4. COLOR CHANGE INDICATOR ON EACH PACKAGE</i>
<input type="checkbox"/>		<i>5. ACTION TAKEN IF COLOR CHANGE DID NOT OCCUR</i>
<input type="checkbox"/>	8-803(e)	<i>MONTHLY SPORE TEST, INDEPENDENT LAB, RECORDS MAINTAINED FOR 3 YEARS AND AVAILABLE *</i>
<input type="checkbox"/>	8-804	STORAGE & HANDLING OF STERILIZED INSTRUMENT PACKS.
<input type="checkbox"/>	8-805	<i>SINGLE-USE ITEMS PROPERLY DISPOSED OF, ALL SHARPS INTO APPROVED SHARPS CONTAINERS*</i>
<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"/>	9-902(a)	<i>PROPER HANDWASHING, SOAP & DISPOSABLE PAPER TOWELS OR AIR DRYING DEVICE AVAILABLE*</i>
<input type="checkbox"/>	9-902(b)	<i>PROPER USE OF DISPOSABLE GLOVES*</i>
<input type="checkbox"/>	9-902(c)	CHANGE DRAPES, LAP CLOTHS OR APRONS BETWEEN EACH CLIENT, PROPER WASHING IF MULTI-USE
<input type="checkbox"/>	9-902(d)	<i>PROPER GLOVE USE WHILE ASSEMBLING INSTRUMENTS & SUPPLIES. ALL STERILIZED INSTRUMENTS IN STERILE PACKAGES UNTIL OPENED IN FRONT OF CLIENT*</i>
<input type="checkbox"/>	9-902(e)(f)	<i>SINGLE-USE PORTIONS PROPERLY USED, DISCARDED*</i>
<input type="checkbox"/>	9-902(g)	<i>PROCEDURE AREA DISINFECTED AFTER EACH CLIENT, SINGLE USE PAPER TOWELS*</i>
<input type="checkbox"/>	9-903(a)	<i>STENCILS, SINGLE USE*</i>
<input type="checkbox"/>	9-903(b)	<i>SKIN PREP, BEFORE STENCIL APPLICATION, SINGLE-USE RAZORS, TREATED WITH ANTICEPTIC*</i>
<input type="checkbox"/>	9-903(c)	SOLID DEODORANT USED PRIOR TO STENCIL, SINGLE-USE, OR MAY BE GIVEN TO CUSTOMER
<input type="checkbox"/>	9-903(d)	<i>INKS, DYES, PIGMENTS SINGLE USE, UNUSED PRODUCT DISCARDED*</i>
<input type="checkbox"/>	9-903(e)	SINGLE-USE PRODUCTS TO REMOVE EXCESS INK, DYE, PIGMENT
<input type="checkbox"/>	9-903(f)	DISPOSABLE CUPS ONLY FOR CLEANING INK FROM THE NEEDLE
<input type="checkbox"/>	9-903(f)	<i>SINGLE-USE TATTOO NEEDLES ONLY, NEEDLES PROPERLY DISCARDED*</i>
<input type="checkbox"/>	9-903(g)	<i>PROCEDURE AREA ON BODY COVERED WITH APPROVED MATERIAL FOR DRESSING WOUNDS, GAUZE, BANDAGE, SKIN TAPE (NO PLASTIC WRAP)*</i>
<input type="checkbox"/>	9-904(a)	SKIN PREP. BEFORE PIERCING, CLEANED WITH SOAP AND TREATED WITH MEDICAL ANTISEPTIC
<input type="checkbox"/>	9-904(b)	<i>ONLY STERILE SINGLE-USE NEEDLES USED FOR PIERCING, PROPERLY DISCARDED*</i>
<input type="checkbox"/>	9-904(c)	<i>JEWELRY STERILIZED OR NEW JEWELRY DISINFECTED, CLEAN, IN GOOD CONDITION*</i>
<input type="checkbox"/>	9-904(d)	<i>STUD & CLASP SYSTEMS PROPERLY USED, ONLY ON EARLOBES OR OUTER PERIMETER OF EAR*</i>

SECTION	DESCRIPTION OF VIOLATION / COMMENTS	CORRECT BY
	Pre-operational inspection	
	all fees are paid, approved to open	
	• Please add when to consult a physician to the client forms.	
	• Section 4-402, client disclosure of conditions needs to be added to form.	

 Environmental Health Specialist
  Received By / Title

***CRITICAL ITEM VIOLATION** COS=Corrected on Site
 Unless otherwise noted, violations are required to be corrected by the next routine inspection.
 ADDITIONAL VIOLATIONS AND/OR CORRECTIVE ACTIONS MAY BE DESCRIBED ON ATTACHED PAGE(S).