

# FREMONT COUNTY ENVIRONMENTAL HEALTH SERVICES

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CAÑON CITY, COLORADO 81212

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## BODY ART INSPECTION FORM

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Owner Name		Inspection date <b>7-11-19</b>	
Facility Name <b>The Dungeon Inc</b>		Phone #	Fax#
Facility Address <b>503 main st cañon city</b>		Email Address	
Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-opening <input type="checkbox"/> Complaint		Type of Facility (Check all that apply): <input checked="" type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Body Piercing <input type="checkbox"/> Cosmetic Tattooing <input type="checkbox"/> Branding <input type="checkbox"/> Scarification <input type="checkbox"/> Sculpting <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Certificate of Compliance Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Facility		Follow up Inspection required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Certificate of Compliance 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"/>	<b>2-201(a)</b>	<b>DEMONSTRATION OF KNOWLEDGE, ALL BODY ARTISTS, UNIVERSAL PRECAUTIONS, ETC.*</b>
<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"/>	<b>3-302</b>	<b>PERSON(S) IN CHARGE AT ALL TIMES</b>
<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; AFTERCARE INSTRUCTIONS
<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"/>	<b>5-506</b>	<b>HANDSINKS HOT/COLD WATER, ACCESSIBLE, SOAP &amp; DRYING DEVICES*</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>WATER, APPROVED SOURCE*</b>
<input type="checkbox"/>	<b>5-510</b>	<b>SEWAGE DISPOSAL*</b>
<input type="checkbox"/>	<b>5-511</b>	<b>REFUSE DISPOSAL, LINED WASTE RECEPTACLES*</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 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"/>	<b>5-520</b>	<b>SHARPS DISPOSAL/INFECTIOUS WASTE DISPOSAL, SHARPS CONTAINERS, RED BIO-HAZARD BAGS*</b>
<input type="checkbox"/>	6-601	PERMANENT FACILITY
<input type="checkbox"/>	<b>7-701</b>	<b>INFECTION &amp; EXPOSURE CONTROL WRITTEN PROCEDURES*</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

