

# FREMONT COUNTY ENVIRONMENTAL HEALTH SERVICES

201 N 6<sup>th</sup> St  
 CAÑON CITY, COLORADO 81212  
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## BODY ART INSPECTION FORM

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Owner Name		Inspection date 7-19-23	
Facility Name Extra Ink		Phone #	Fax#
Facility Address 1224 South 9 <sup>th</sup> St Canon City		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 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	
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 checked="" type="checkbox"/> NA		Follow up Inspection will be conducted on or after	

### VIOLATIONS

<input checked="" type="checkbox"/>	2-201(a)	<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 checked="" 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
<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 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 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	2 artists need to update their Bloodborne pathogens trainings they are expired. Unable to verify 3 <sup>rd</sup> artists bloodborne training. Make sure all artists have knowledge of universal precautions. This will be verified at next routine.	
3-303	Add phone number of artists to their file. Phone numbers are required along with name, address, and Hep B vaccine records.	
	Routine inspection. 2023 invoice has been mailed. Certificate of Substantial compliance will be mailed upon receipt of payment.	

	
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).