

# FREMONT COUNTY ENVIRONMENTAL HEALTH SERVICES

201 N 6<sup>th</sup> S  
 CAÑON CITY, COLORADO 81212  
 (719) 276-7450 FAX NUMBER (719) 276-7461  
[amy.jamison@fremontco.com](mailto:amy.jamison@fremontco.com)

## BODY ART INSPECTION FORM

PAGE 1 OF \_\_\_\_\_

|  |  |   |   |
|--|--|---|---|
| Owner Name   |  | Inspection date 7-14-2021   |   |
| Facility Name High Temple Tattoo   |  | Phone #   | Fax#  |
| Facility Address<br>117 South 5 <sup>th</sup> St Canon City  |  | Email Address   |   |
| Type of Inspection:<br><input type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br><input checked="" type="checkbox"/> Pre-opening<br><input type="checkbox"/> Complaint |  | Type of Facility (Check all that apply) :<br><input checked="" type="checkbox"/> Tattoo<br><input 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 |   |
| Certificate of Compliance Posted<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> New Facility  |  | Follow up Inspection required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Certificate of Compliance<br>Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Establishment Closed Until Abatement of Violations<br><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)        | <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 checked="" 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          |

