

FREMONT COUNTY ENVIRONMENTAL HEALTH SERVICES

201 N 6th S

CAÑON CITY, COLORADO 81212

(719) 276-7450 FAX NUMBER (719) 276-7461

amy.jamison@fremontco.com

BODY ART INSPECTION FORM

PAGE 1 OF _____

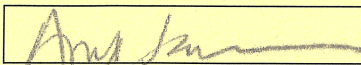
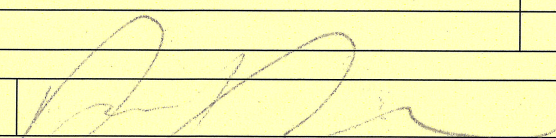
Owner Name Danielle Bollig		Inspection date 6-4-2019	
Facility Name Inked Queen		Phone # 719-280-3515	Fax#
Facility Address 407 main st cañon city		Email Address	
Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Complaint		Type of Facility (Check all that apply): <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Facility		Follow up Inspection required <input type="checkbox"/> Yes <input 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"/>	2-201(a)	DEMONSTRATION OF KNOWLEDGE, ALL BODY ARTISTS, UNIVERSAL PRECAUTIONS, ETC.*
<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	PERSON(S) IN CHARGE AT ALL TIMES
<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"/>	5-506	HANDSINKS HOT/COLD WATER, ACCESSIBLE, SOAP & DRYING DEVICES*
<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	WATER, APPROVED SOURCE*
<input type="checkbox"/>	5-510	SEWAGE DISPOSAL*
<input type="checkbox"/>	5-511	REFUSE DISPOSAL, LINED WASTE RECEPTACLES*
<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	SHARPS DISPOSAL/INFECTIOUS WASTE DISPOSAL, SHARPS CONTAINERS, RED BIO-HAZARD BAGS*
<input type="checkbox"/>	6-601	PERMANENT FACILITY
<input type="checkbox"/>	7-701	INFECTION & EXPOSURE CONTROL WRITTEN PROCEDURES*
<input type="checkbox"/>	8-801(a)	PENETRATING INSTRUMENTS PROPERLY CLEANED BEFORE STERILIZATION
<input type="checkbox"/>	8-801(b)	ALL INSTRUMENTS PLACED IN PROCEDURE AREA REPACKAGED & RE-STERILIZED*
<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)	STERILIZER INDICATOR ON EACH PACKAGE OF INSTRUMENTS*
<input type="checkbox"/>	8-802(c)	INSTRUMENT PACKAGES LABELED WITH TIME/DATE OF STERILIZATION, NO USE AFTER 6 MONTHS*
<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)	STERILIZER LOAD LOG AVAILABLE AND MAINTAINED FOR 3 YEARS*
<input type="checkbox"/>		1. LOG CONTAINS DESCRIPTION OF INSTRUMENTS IN LOAD
<input type="checkbox"/>		2. DATE OF STERILIZATION LOAD & TIME OR OTHER UNIQUE IDENTIFIER IF MORE THAN 1 LOAD DAILY
<input type="checkbox"/>		3. STERILIZER CYCLE TIME & TEMPERATURE
<input type="checkbox"/>		4. COLOR CHANGE INDICATOR ON EACH PACKAGE
<input type="checkbox"/>		5. ACTION TAKEN IF COLOR CHANGE DID NOT OCCUR
<input type="checkbox"/>	8-803(e)	MONTHLY SPORE TEST, INDEPENDENT LAB, RECORDS MAINTAINED FOR 3 YEARS AND AVAILABLE *
<input type="checkbox"/>	8-804	STORAGE & HANDLING OF STERILIZED INSTRUMENT PACKS.
<input type="checkbox"/>	8-805	SINGLE-USE ITEMS PROPERLY DISPOSED OF, ALL SHARPS INTO APPROVED SHARPS CONTAINERS*
<input type="checkbox"/>	9-901(c)	PROCEDURES PERFORMED ON DRUG OR ALCOHOL IMPAIRED 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)	PROPER HANDWASHING, SOAP & DISPOSABLE PAPER TOWELS OR AIR DRYING DEVICE AVAILABLE*
<input type="checkbox"/>	9-902(b)	PROPER USE OF DISPOSABLE GLOVES*
<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)	PROPER GLOVE USE WHILE ASSEMBLING INSTRUMENTS & SUPPLIES. ALL STERILIZED INSTRUMENTS IN STERILE PACKAGES UNTIL OPENED IN FRONT OF CLIENT*
<input type="checkbox"/>	9-902(e)(f)	SINGLE-USE PORTIONS PROPERLY USED, DISCARDED*
<input type="checkbox"/>	9-902(g)	PROCEDURE AREA DISINFECTED AFTER EACH CLIENT, SINGLE USE PAPER TOWELS*
<input type="checkbox"/>	9-903(a)	STENCILS, SINGLE USE*
<input type="checkbox"/>	9-903(b)	SKIN PREP. BEFORE STENCIL APPLICATION, SINGLE-USE RAZORS, TREATED WITH ANTISEPTIC*
<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)	INKS, DYES, PIGMENTS SINGLE USE, UNUSED PRODUCT DISCARDED*
<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"/>	9-903(f)	SINGLE-USE TATTOO NEEDLES ONLY, NEEDLES PROPERLY DISCARDED*
<input type="checkbox"/>	9-903(g)	PROCEDURE AREA ON BODY COVERED WITH APPROVED MATERIAL FOR DRESSING WOUNDS, GAUZE, BANDAGE, SKIN TAPE (NO PLASTIC WRAP)*
<input type="checkbox"/>	9-904(a)	SKIN PREP. BEFORE PIERCING, CLEANED WITH SOAP AND TREATED WITH MEDICAL ANTISEPTIC
<input type="checkbox"/>	9-904(b)	ONLY STERILE SINGLE-USE NEEDLES USED FOR PIERCING, PROPERLY DISCARDED*
<input type="checkbox"/>	9-904(c)	JEWELRY STERILIZED OR NEW JEWELRY DISINFECTED, CLEAN, IN GOOD CONDITION*
<input type="checkbox"/>	9-904(d)	STUD & CLASP SYSTEMS PROPERLY USED, ONLY ON EARLOBES OR OUTER PERIMETER OF EAR*

SECTION	DESCRIPTION OF VIOLATION / COMMENTS	CORRECT BY
	Pre-operational inspection	
	Hep B vaccination status will be confirmed by doctors note later this week.	
	May put in the utility sink at later date. Sink in back room will be used for cleaning equipment. Toilet will be used for mop disposal at this time.	
	License Fee paid in full.	
	Approved to open	

	
-------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

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).