



**FREMONT COUNTY
DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT**

201 N 6TH STREET
CANON CITY, CO 81212
(719) 276-7450 FAX NUMBER (719) 276-7451
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BODY ART INSPECTION FORM

PAGE 1 OF 2

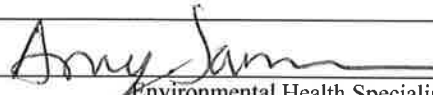
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|--|--|---|---|
| Owner Name <u>Brittany Dalton</u> | | Inspection date <u>12-21-2020</u> | |
| Facility Name <u>Bellison</u> | | Phone # | Fax# |
| Facility Address <u>807 cyanide Ave</u> | | Email Address | |
| Type of Inspection: <input checked="" 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 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 <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"/> | 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 |

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| <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 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) | 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 ANTICEPTIC* |
| <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 |
|---------|--|------------|
| 4-403 | Add name, address, and phone number of the establishment and the name of the artist that performed the procedure, on to the After care | |
| | annual inspection fee is paid in full. Certificate of compliance will be mailed to you. | |
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|  Environmental Health Specialist | Received By / Title |
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***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).