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 _____

| Own | er Name | | Inspection date 6-17-21 | | | | | |
|----------|----------------|---|---|------------------------|---------|-------------|--|--|
| Facil | lity Name: | Inked Envy | | Phone # | | Fax# | | |
| Faci | lity Addres | SS | | Email Address | | | | |
| | | 701 Stagecoach Drive | | | | | | |
| Type | of Inspection | | Type of Facility (Check all that apply): | | | | | |
| R | outine | | Tattoo | | | | | |
| R | e-inspection | | Body Piercing | | | | | |
| ₩ P | re-opening | | Cosmetic Tattooing | | | | | |
| $\Box c$ | omplaint | | Branding | | | | | |
| | • | | Scarification | | | | | |
| | | | Sculpting | | | | | |
| | | | Other | | | | | |
| Certif | ficate of Com | pliance Posted | Follow up Inspection required Certificate of Compliance | | | | | |
| | es | No New Facility | Yes | No | Appro | ntota | | |
| Estab | lishment Clo | sed Until Abatement of Violations | Follow up | Inspection will be con | | | | |
| | es | □ No ₩ NA | | | | | | |
| | | VIOLATI | ONS | | | | | |
| | 2-201(a) | DEMONSTRATION OF KNOWLEDGE, ALL BODY ART | | ERSAL PRECAUTIO | NS. ETC | * | | |
| | 2-201(b) | HEPATITIS B VACCINE FOR EACH ARTIST OR MEDIC | | | , | - | | |
| | 3-301 | CERTIFICATE OF SUBSTANTIAL COMPLIANCE | | | | | | |
| | 3-302 | PERSON(S) IN CHARGE AT ALL TIMES | | | | | | |
| 55 | 3-303 | EMPLOYEE/ARTIST INFORMATION ON FILE & AVAILABLE | | | | | | |
| | 3-304(a) | PERSON IN CHARGE ACCESS TO AGREEMENT FOR SHARPS/INFECTIOUS WASTE DISPOSAL | | | | | | |
| | 3-304(b) | PERSON IN CHARGE ACCESS TO SPORE TEST LOG AND TEST RESULTS | | | | | | |
| | 3-304(c) | PERSON IN CHARGE ACCESS TO CLIENT RECORDS (MAINTAINED FOR 3 YEARS) | | | | | | |
| | 3-304(d) | PERSON IN CHARGE ACCESS TO MANUFACTURER'S INFORMATION ON STERILIZATION EQUIPMENT | | | | | | |
| | 3-304(e) | PERSON IN CHARGE ACCESS TO INFECTION & EXPO | SURE CON | TROL WRITTEN PRO | CEDUR | LES | | |
| | 4-402 | CLIENT DISCLOSURE OF MEDICAL CONDITIONS | | | | | | |
| | 4-403 | CLIENT CONSENT FORMS COMPLETED FOR ALL PROCEDURES AND AVAILABLE; AFTERCARE INSTRUCTIONS | | | | | | |
| | 4-404 | PARENTAL OR LEGAL GUARDIAN CONSENT FORM FOR MINORS (UNDER 18) WITH PHOTO ID | | | | | | |
| | 5-501 | FLOORS, WALLS & CEILINGS IN PROCEDURE & INSTRUMENT CLEANING AREAS | | | | | | |
| | 5-502 | TOILET FACILITIES AVAILABLE, FLOORS & WALLS, GOOD REPAIR | | | | | | |
| - | 5-503 5-504 | PREMISES CLEAN, GOOD REPAIR | | | | | | |
| H | 5-505 | ADEQUATE LIGHTING IN PROCEDURE & INSTRUMENT CLEANING AREAS | | | | | | |
| | 5-506 | WORK SURFACES IN PROCEDURE, INSTRUMENT CLEANING, & TOILET ROOMS SMOOTH & CLEANABLE | | | | | | |
| 占 | 5-507 | HANDSINKS HOT/COLD WATER, ACCESSIBLE, SOAP & DRYING DEVICES* | | | | | | |
| | 5-508 | SEPARATE AREA(S) FOR CLEANING, HANDLING & STORING STERILIZED EQUIPMENT SINKS USED FOR DESIGNATED PURPOSES ONLY, SEPARATE HANDSINKS, INSTRUMENT WASH SINKS | | | | | | |
| | 5-509 | WATER, APPROVED SOURCE* | | | | | | |
| | 5-510 | SEWAGE DISPOSAL* | | | | | | |
| | 5-511 | REFUSE DISPOSAL, LINED WASTE RECEPTACLES* | | | | | | |
| | 5-512 | WAITING AREA SEPARATE FROM PROCEDURE AREAS & INSTRUMENT AREAS | | | | | | |
| | 5-513 | REUSABLE CLOTH ITEMS WASHED/DISINFECTED/S' | TORED | | | | | |
| | 5-514 | ANIMALS PROHIBITED IN PRECEDURE AREAS & INS | STRUMENT | AREAS | | | | |
| | 5-515 | CHEMICALS LABELED, STORED, USED | | | | | | |
| | 5-516 | ESTABLISHMENT COMPLETELY SEPARATED FROM | | | ATION, | ETC. | | |
| | 5-517 | PROCEDURE AREAS CLEARLY SEPARATED FROM F | IAIR & FINC | BERNAIL CARE | | | | |
| H | 5-518 | UTILITY SINK | | | | | | |
| H | 5-519 | BACKFLOW PREVENTION DEVICES INSTALLED | OIX - D == = | ONE (INCERC TO | | 100 0 1 CCC | | |
| H | 5-520 | SHARPS DISPOSAL/INFECTIOUS WASTE DISPOSAL, | SHARPS C | UNIAINERS, RED B. | IO-HAZA | AKD BAGS* | | |
| 27 X | 6-601 7-701 | PERMANENT FACILITY INFECTION & EVENTURE CONTROL WRITTEN BRO | CEDUORS | | | | | |
| H | 8-801(a) | INFECTION & EXPOSURE CONTROL WRITTEN PRO | | | _ | | | |
| | 8-801(a) | PENETRATING INSTRUMENTS PROPERLY CLEANED BEFORE STERILIZATION ALL INSTRUMENTS PLACED IN PROCEDURE AREA REPACKAGED & RE-STERILIZED* | | | | | | |
| i | 8-801(c) | EMPLOYEES WEAR HEAVY-DUTY WATERPROOF GLOVES FOR INSTRUMENT CLEANING | | | | | | |
| 1 | 8-801(d) | USED INSTRUMENTS SOAKED IN DISINFECTANT UNTIL CLEANED | | | | | | |
| H | 8_801(e) | INSTRUMENTS DISASSEMBLED FOR CLEANING | | | | | | |

| | 8-801(f) | INSTRUMENT COMPONENTS PROPERLY CLEANED MANUALLY OR ULTRASONIC, PRE STERILIZATION | |
|-------|-------------|---|--|
| | 8-802(a) | EMPLOYEE GLOVE USE TO PACKAGE/WRAP INSTRUMENTS FOR STERILIZATION | |
| | 8-802(b) | STERILIZER INDICATOR ON EACH PACKAGE OF INSTRUMENTS* | |
| | 8-802(c) | INSTRUMENT PACKAGES LABELED WITH TIME/ DATE OF STERILIZATION, NO USE AFTER 6 MONTHS* | |
| | 8-803(a) | STERILIZER DESIGNED & LABELED AS MEDICAL INSTRUMENT STERILIZER | |
| | 8-803(b) | OPERATOR'S MANUAL FOR STERILIZER AVAILABLE, USED PER MANUAL RECOMMENDATIONS | |
| | 8-803(c) | STERILIZER CLEANED & MAINTAINED PER MANUFACTURER'S SPECIFICATIONS | |
| | 8-803(d) | STERILIZER LOAD LOG AVAILABLE AND MAINTAINED FOR 3 YEARS* | |
| | | 1. LOG CONTAINS DESCRIPTION OF INSTRUMENTS IN LOAD | |
| | | 2. DATE OF STERILIZATION LOAD & TIME OR OTHER UNIQUE IDENTIFIER IF MORE THAN 1 LOAD DAILY | |
| | | 3. STERILIZER CYCLE TIME & TEMPERATURE | |
| | | 4. COLOR CHANGE INDICATOR ON EACH PACKAGE | |
| | | 5. ACTION TAKEN IF COLOR CHANGE DID NOT OCCUR | |
| | 8-803(e) | MONTHLY SPORE TEST, INDEPENDENT LAB, RECORDS MAINTAINED FOR 3 YEARS AND AVAILABLE * | |
| | 8-804 | STORAGE & HANDLING OF STERILIZED INSTRUMENT PACKS. | |
| | 8-805 | SINGLE-USE ITEMS PROPERLY DISPOSED OF, ALL SHARPS INTO APPROVED SHARPS CONTAINERS* | |
| | 9-901(c) | PROCEDURES PERFORMED ON DRUG OR ALCOHOL INPAIRED CLIENT PROHIBITED | |
| | 9-901(d) | SMOKING, EATING, DRINKING IN PROCEDURE & INSTRUMENT CLEANING AREAS PROHIBITED | |
| | 9-901(e) | PROCEDURES ON UNHEALTHY SKIN PROHIBITED | |
| | 9-901(f) | PROCEDURES ON MINOR (UNDER 18) W/O WRITTEN PARENTAL OR GUARDIAN CONSENT PROHIBITED | |
| | 9-902(a) | PROPER HANDWASHING, SOAP & DISPOSABLE PAPER TOWELS OR AIR DRYING DEVICE AVAILABLE* | |
| | 9-902(b) | PROPER USE OF DISPOSABLE GLOVES* | |
| | 9-902(c) | CHANGE DRAPES, LAP CLOTHS OR APRONS BETWEEN EACH CLIENT, PROPER WASHING IF MULTI-USE | |
| | 9-902(d) | PROPER GLOVE USE WHILE ASSEMBLING INSTRUMENTS & SUPPLIES. ALL STERILIZED INSTRUMENTS IN STERILE | |
| | <u>`</u> | PACKAGES UNTIL OPENED IN FRONT OF CLIENT* | |
| | 9-902(e)(f) | SINGLE-USE PORTIONS PROPERLY USED, DISCARDED* | |
| | 9-902(g) | PROCEDURE AREA DISINFECTED AFTER EACH CLIENT, SINGLE USE PAPER TOWELS* | |
| | 9-903(a) | STENCILS, SINGLE USE* | |
| | 9-903(b) | SKIN PREP. BEFORE STENCIL APPLICATION, SINGLE-USE RAZORS, TREATED WITH ANTICEPTIC* | |
| GS // | 9-903(c) | SOLID DEODORANT USED PRIOR TO STENCIL, SINGLE-USE, OR MAY BE GIVEN TO CUSTOMER | |
| | 9-903(d) | INKS, DYES, PIGMENTS SINGLE USE, UNUSED PRODUCT DISCARDED* | |
| | 9-903(e) | SINGLE-USE PRODUCTS TO REMOVE EXCESS INK, DYE, PIGMENT | |
| | 9-903(e) | DISPOSABLE CUPS ONLY FOR CLEANING INK FROM THE NEEDLE | |
| | 9-903(f) | SINGLE-USE TATTOO NEEDLES ONLY, NEEDLES PROPERLY DISCARDED* | |
| | 9-903(g) | PROCEDURE AREA ON BODY COVERED WITH APPROVED MATERIAL FOR DRESSING WOUNDS, GAUZE, | |
| | | BANDAGE, SKIN TAPE (NO PLASTIC WRAP)* | |
| | 9-904(a) | SKIN PREP. BEFORE PIERCING, CLEANED WITH SOAP AND TREATED WITH MEDICAL ANTISEPTIC | |
| | 9-904(b) | ONLY STERILE SINGLE-USE NEEDLES USED FOR PIERCING, PROPERLY DISCARDED* | |
| | 9-904(c) | JEWELRY STERILIZED OR NEW JEWELRY DISINFECTED, CLEAN, IN GOOD CONDITION* | |
| | 9-904(d) | STUD & CLASP SYSTEMS PROPERLY USED, ONLY ON EARLOBES OR OUTER PERIMETER OF EAR* | |
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| | | | |
| SEC | CTION | DESCRIPTION OF VIOLATION / COMMENTS CORRECT BY | |

| SECTION | DESCRIPTION OF VIOLATION / COMMENTS | CORRECT BY |
|---------|---|------------|
| | Preoperational inspection of new facility. | |
| | No deficiencies observed. Approved to open. | |
| | All 2021 Fees are paid. | |
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| Kmy Jam | |
| Invironmental 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).