



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

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

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<b>Owner Name</b>		<b>Inspection date</b> 6-17-21	
<b>Facility Name:</b> Inked Envy		<b>Phone #</b>	<b>Fax#</b>
<b>Facility Address</b> 701 Stagecoach Drive		<b>Email Address</b>	
<b>Type of Inspection:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Complaint		<b>Type of Facility (Check all that apply) :</b> <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	
<b>Certificate of Compliance Posted</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> New Facility		<b>Follow up Inspection required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Certificate of Compliance Approved</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Establishment Closed Until Abatement of Violations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		<b>Follow up Inspection will be conducted on or after</b>	

**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"/>	3-302	<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 type="checkbox"/>	5-506	<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"/>	5-509	<b>WATER, APPROVED SOURCE*</b>
<input type="checkbox"/>	5-510	<b>SEWAGE DISPOSAL*</b>
<input type="checkbox"/>	5-511	<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 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	<b>SHARPS DISPOSAL/INFECTIOUS WASTE DISPOSAL, SHARPS CONTAINERS, RED BIO-HAZARD BAGS*</b>
<input type="checkbox"/>	6-601	PERMANENT FACILITY
<input type="checkbox"/>	7-701	<b>INFECTION &amp; EXPOSURE CONTROL WRITTEN PROCEDURES*</b>
<input type="checkbox"/>	8-801(a)	PENETRATING INSTRUMENTS PROPERLY CLEANED BEFORE STERILIZATION
<input type="checkbox"/>	8-801(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

