

# 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 2

*Medeiros*

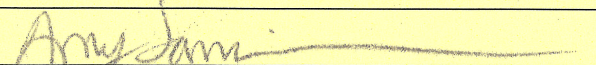
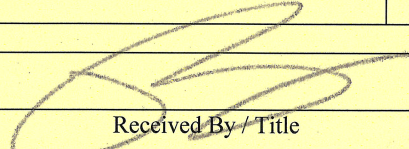
Owner Name <i>Ramon Medeiros</i>		Inspection date <i>7-15-19</i>	
Facility Name <i>RM Tattoo &amp; Design</i>		Phone #	Fax#
Facility Address <i>115 E main st suite 9</i>		Email Address	
Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input checked="" type="checkbox"/> 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 checked="" 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"/>	<i>2-201(a)</i>	<b><i>DEMONSTRATION OF KNOWLEDGE, ALL BODY ARTISTS, UNIVERSAL PRECAUTIONS, ETC.*</i></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><i>3-302</i></b>	<b><i>PERSON(S) IN CHARGE AT ALL TIMES</i></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"/>	<b><i>5-506</i></b>	<b><i>HANDSINKS/HOT/COLD WATER, ACCESSIBLE, SOAP &amp; DRYING DEVICES*</i></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><i>5-509</i></b>	<b><i>WATER, APPROVED SOURCE*</i></b>
<input type="checkbox"/>	<b><i>5-510</i></b>	<b><i>SEWAGE DISPOSAL*</i></b>
<input type="checkbox"/>	<b><i>5-511</i></b>	<b><i>REFUSE DISPOSAL, LINED WASTE RECEPTACLES*</i></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"/>	<b><i>5-520</i></b>	<b><i>SHARPS DISPOSAL/INFECTIOUS WASTE DISPOSAL, SHARPS CONTAINERS, RED BIO-HAZARD BAGS*</i></b>
<input type="checkbox"/>	6-601	PERMANENT FACILITY
<input type="checkbox"/>	<b><i>7-701</i></b>	<b><i>INFECTION &amp; EXPOSURE CONTROL WRITTEN PROCEDURES*</i></b>
<input type="checkbox"/>	8-801(a)	PENETRATING INSTRUMENTS PROPERLY CLEANED BEFORE STERILIZATION
<input type="checkbox"/>	<b><i>8-801(b)</i></b>	<b><i>ALL INSTRUMENTS PLACED IN PROCEDURE AREA REPACKAGED &amp; RE-STERILIZED*</i></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

<input type="checkbox"/>	8-802(a)	EMPLOYEE GLOVE USE TO PACKAGE/WRAP INSTRUMENTS FOR STERILIZATION
<input type="checkbox"/>	8-802(b)	<b>STERILIZER INDICATOR ON EACH PACKAGE OF INSTRUMENTS*</b>
<input type="checkbox"/>	8-802(c)	<b>INSTRUMENT PACKAGES LABELED WITH TIME/ DATE OF STERILIZATION, NO USE AFTER 6 MONTHS*</b>
<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)	<b>STERILIZER LOAD LOG AVAILABLE AND MAINTAINED FOR 3 YEARS*</b>
<input type="checkbox"/>		<b>1. LOG CONTAINS DESCRIPTION OF INSTRUMENTS IN LOAD</b>
<input type="checkbox"/>		<b>2. DATE OF STERILIZATION LOAD &amp; TIME OR OTHER UNIQUE IDENTIFIER IF MORE THAN 1 LOAD DAILY</b>
<input type="checkbox"/>		<b>3. STERILIZER CYCLE TIME &amp; TEMPERATURE</b>
<input type="checkbox"/>		<b>4. COLOR CHANGE INDICATOR ON EACH PACKAGE</b>
<input type="checkbox"/>		<b>5. ACTION TAKEN IF COLOR CHANGE DID NOT OCCUR</b>
<input type="checkbox"/>	8-803(e)	<b>MONTHLY SPORE TEST, INDEPENDENT LAB, RECORDS MAINTAINED FOR 3 YEARS AND AVAILABLE *</b>
<input type="checkbox"/>	8-804	STORAGE & HANDLING OF STERILIZED INSTRUMENT PACKS.
<input type="checkbox"/>	8-805	<b>SINGLE-USE ITEMS PROPERLY DISPOSED OF, ALL SHARPS INTO APPROVED SHARPS CONTAINERS*</b>
<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)	<b>PROPER HANDWASHING, SOAP &amp; DISPOSABLE PAPER TOWELS OR AIR DRYING DEVICE AVAILABLE*</b>
<input type="checkbox"/>	9-902(b)	<b>PROPER USE OF DISPOSABLE GLOVES*</b>
<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)	<b>PROPER GLOVE USE WHILE ASSEMBLING INSTRUMENTS &amp; SUPPLIES. ALL STERILIZED INSTRUMENTS IN STERILE PACKAGES UNTIL OPENED IN FRONT OF CLIENT*</b>
<input type="checkbox"/>	9-902(e)(f)	<b>SINGLE-USE PORTIONS PROPERLY USED, DISCARDED*</b>
<input type="checkbox"/>	9-902(g)	<b>PROCEDURE AREA DISINFECTED AFTER EACH CLIENT, SINGLE USE PAPER TOWELS*</b>
<input type="checkbox"/>	9-903(a)	<b>STENCILS, SINGLE USE*</b>
<input type="checkbox"/>	9-903(b)	<b>SKIN PREP. BEFORE STENCIL APPLICATION, SINGLE-USE RAZORS, TREATED WITH ANTICEPTIC*</b>
<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)	<b>INKS, DYES, PIGMENTS SINGLE USE, UNUSED PRODUCT DISCARDED*</b>
<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)	<b>SINGLE-USE TATTOO NEEDLES ONLY, NEEDLES PROPERLY DISCARDED*</b>
<input type="checkbox"/>	9-903(g)	<b>PROCEDURE AREA ON BODY COVERED WITH APPROVED MATERIAL FOR DRESSING WOUNDS, GAUZE, BANDAGE, SKIN TAPE (NO PLASTIC WRAP)*</b>
<input type="checkbox"/>	9-904(a)	SKIN PREP. BEFORE PIERCING, CLEANED WITH SOAP AND TREATED WITH MEDICAL ANTISEPTIC
<input type="checkbox"/>	9-904(b)	<b>ONLY STERILE SINGLE-USE NEEDLES USED FOR PIERCING, PROPERLY DISCARDED*</b>
<input type="checkbox"/>	9-904(c)	<b>JEWELRY STERILIZED OR NEW JEWELRY DISINFECTED, CLEAN, IN GOOD CONDITION*</b>
<input type="checkbox"/>	9-904(d)	<b>STUD &amp; CLASP SYSTEMS PROPERLY USED, ONLY ON EARLOBES OR OUTER PERIMETER OF EAR*</b>

SECTION	DESCRIPTION OF VIOLATION / COMMENTS	CORRECT BY
	All Fees paid thank you.	
	Facility does not have mop sink - Have Permission to use building mop closet.	
	Single use items only, All Disposable.	
	Add name + phone number to consent forms. Expand on Handwashing procedure on that portion of the written procedures.	
	Approved to open	

	
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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).