



**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  
[amy.jamison@fremontco.com](mailto:amy.jamison@fremontco.com)

**BODY ART INSPECTION FORM**

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|   |  |  |  |
|---|--|--|--|
| <b>Owner Name</b>   |  | <b>Inspection date</b> 7-29-2020   |  |
| <b>Facility Name</b> Tattoo Therapy   |  | <b>Phone #</b>   | <b>Fax#</b>  |
| <b>Facility Address</b>   |  | <b>Email Address</b>   |  |
| <b>Type of Inspection:</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Re-inspection<br><input type="checkbox"/> Pre-opening<br><input type="checkbox"/> Complaint |  | <b>Type of Facility (Check all that apply) :</b><br><input checked="" type="checkbox"/> Tattoo<br><input type="checkbox"/> Body Piercing<br><input type="checkbox"/> Cosmetic Tattooing<br><input type="checkbox"/> Branding<br><input type="checkbox"/> Scarification<br><input type="checkbox"/> Sculpting<br><input type="checkbox"/> Other |  |
| <b>Certificate of Compliance Posted</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Facility  |  | <b>Follow up Inspection required</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <b>Certificate of Compliance Approved</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Establishment Closed Until Abatement of Violations</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA   |  | <b>Follow up Inspection will be conducted on or after</b>  |  |

**VIOLATIONS**

|                          |          |  |
|--------------------------|----------|--|
| <input type="checkbox"/> | 2-201(a) | <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"/> | 3-302    | <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"/> | 5-506    | <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"/> | 5-509    | <b><i>WATER, APPROVED SOURCE*</i></b>  |
| <input type="checkbox"/> | 5-510    | <b><i>SEWAGE DISPOSAL*</i></b>   |
| <input type="checkbox"/> | 5-511    | <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"/> | 5-520    | <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"/> | 7-701    | <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"/> | 8-801(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  |

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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)    | <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 |
|---------|-------------------------------------|------------|
|         | Annual inspection                   |            |
|         | No violations observed.             |            |
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| <i>Amber Jannic</i><br>Environmental Health Specialist | <i>J. H.</i><br>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).