





County of San Bernardino • Department of Public Health  
 Division of Environmental Health Services  
**COMMUNITY ENVIRONMENTAL HEALTH PROGRAM**  
**BODY ART - OFFICIAL INSPECTION REPORT**

[www.sbcounty.gov/dehs](http://www.sbcounty.gov/dehs)

(800) 442-2283

FACILITY NAME <b>EXTREME SKIN REJUVENATION MEDICAL</b>	DATE <b>1/9/2013</b>	SIGNATURE <i>Janet Renae Petelski</i>
LOCATION <b>16000 APPLE VALLEY RD C1, APPLE VALLEY, CA 92307</b>	REHS <b>Juan Espinoza</b>	

**BODY ART INSPECTION**

32	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Permit/registration and required signs posted *
<b>Comments:</b> Observed Janet Renae Petelski performing body art without having the certificate of registration with San Bernardino County. All body art practitioners must be in compliance with AB 300. Obtain, within two weeks, required registration as body art practitioner.		
33	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- IPCP and employee training records and Hepatitis B vaccination status present
<b>Comments:</b> No IPCP observed. Obtain and maintain an IPCP.		
34	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Restrooms available, stocked *
35	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Plan Review
36	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Permits Obtained & Available *
37	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Impoundment
38	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Hearing Scheduled
39	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Closure *

**Overall Inspection Comments:**

This facility is scheduled for a re-inspection on or after 01-23-13 due to listed violations on this report. Failure to comply with request on or before 01-23-13 will result in legal action taken.

**Attachments:**

No Attachments

**Person in Charge:**

Inspector: Juan Espinoza

Follow-up:

Yes

No

Follow-up Date: