



**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

(800) 442-2283

FACILITY NAME SANCHEZ INK				DATE 1/15/2013	SIGNATURE <i>Juan Espinoza</i>
LOCATION 14451 FOOTHILL BL 106, FONTANA, CA 92335				REINSPECTION DATE 1/29/2013	PERMIT EXPIRATION 12/31/2012
MAILING ADDRESS 14451 FOOTHILL BL STE 106, FONTANA CA 92335				<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS Juan Espinoza	
FA # FA0016002	PR # PR0021281	SR #	CO #	PE 2502	PROGRAM IDENTIFIER:
TIME IN 1:57 PM	TIME OUT 4:02 PM	CONTACT			SERVICE: 001 - Inspection - Routine
					RESULT: 05 - Corrective Action / Follow up Required
					ACTION: 03 - Reinspection Required

BODY ART - BODY ART FACILITY

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked.

Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$61.25 per 15 minutes with a minimum time of 30 minutes, and a minimum charge of \$122.50

BODY ART INSPECTION

1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Autoclave effective - passed integrator test
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Process of cleaning, labeling, packaging and sterilizing items appropriate
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Autoclave loaded correctly/packages allowed to dry
4	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Integrators used/monthly spore test/log maintained
Comments:		
No integrator is being used at this time. Obtain, maintain, and use integrators. In addition, no results of monthly spore tests observed. Obtain and maintain monthly spore tests on site.		
5	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Decontamination/sanitation area separate and supplied appropriately *
Comments:		
Provide a handwashing sink supplied with paper and soap dispensers in compliance with AB 300 to the decontamination room. No sink and dispensers observed.		
6	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Invoices and log kept for disposable, pre-sterilized equipment, backup supplies adequate *
Comments:		
No log kept for the pre-sterilized disposable equipment observed. Maintain records in compliance with AB 300.		
7	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Sharps containers supplied, labeled, used and disposed of appropriately *
Comments:		
Observed only one sharps container available for all seven work station. Each work station must be supplied with a sharps container.		
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Jewelry, tattoo and piercing equipment - clean and sterilized
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- No eating, drinking or smoking - clean clothes
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Hands washed effectively and timely
11	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Handwashing facilities properly supplied and accessible, warm potable water *
Comments:		
Provide, within two weeks, handwashing sink in compliance with AB 300 to procedure areas and decontamination room. No sinks observed.		
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Appropriate personal protective equipment available and used, eyewash station available *
13	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Branding is completed with no other customers in procedure area
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Customers eighteen (18) years of age or older
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Skin adequately prepared for procedure.
16	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Client records approved and available - Consent form & questionnaire
Comments:		
Provide consent forms and medical questionnaire in compliance with AB 300. observed forms not being in compliance with AB 300.		
17	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Appropriate aftercare instructions given to client
Comments:		
Provide after care forms in compliance with AB 300. Observed after care forms not being in compliance with AB 300.		
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Safe machine design
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Machines cleaned and disinfected between clients
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Parts replaced between clients - grommets, elastic bands, etc.
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Workstation/procedure area decontaminated



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BODY ART INSPECTION

22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Appropriate chemical disinfectant used	Chemical used:
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Disinfectant used appropriately/sufficient contact time	Wet contact time provided:
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Barriers available and used appropriately *	
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Products applied to skin are single use/dispensed aseptically	
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Storage of inks, pigments, needles, tubes, etc.	
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Jewelry, Inks, Needles etc approved and used correctly	
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Cross-contamination avoided during all phases of procedure	
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Areas separated/no living or sleeping quarters/no animals *	
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Floors and walls clean and in good repair, adequate light *	
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Workstation, surfaces, including chairs, armrests, etc. in good repair; trash removed frequently *	
32	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Permit/registration and required signs posted *	

Comments:

John Sanchez, Ivan Solis, Mike Snijders, Timoteo Alvarez, Tommy Foster, and Andrew Audish must be registered with San Bernardino County under AB 300. These six body art artists were registered prior to Ab 300.

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
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Comments:

No IPCP observed. Provide and maintain an approved IPCP.

34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Restrooms available, stocked *
35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Plan Review
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Permits Obtained & Available *
37	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Impoundment
38	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Hearing Scheduled
39	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Closure *

Overall Inspection Comments:

This facility is scheduled for a re-inspection on or after 01-29-13 due to listed violations on this report. Failure to comply with request on or before 01-29-13 will result in legal action taken.

Attachments:

No Attachments

Person in Charge:

Inspector: Juan Espinoza

Follow-up:

Yes

No

Follow-up Date: