



**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>INKFAMOUS ARTE</b>				DATE <b>2/8/2013</b>	SIGNATURE 
LOCATION <b>937 ORANGE ST, REDLANDS, CA 92374</b>				REINSPECTION DATE <b>2/22/2013</b>	PERMIT EXPIRATION <b>3/31/2013</b>
MAILING ADDRESS <b>PO BOX 151, HIGHLAND CA 92346</b>				<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS <b>Juan Espinoza</b>	
FA # <b>FA0016202</b>	PR # <b>PR0021552</b>	SR #	CO #	PE <b>2502</b>	PROGRAM IDENTIFIER:
TIME IN <b>11:35 AM</b>	TIME OUT <b>1:30 PM</b>	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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Process of cleaning, labeling, packaging and sterilizing items appropriate
<b>Comments:</b> Observed packages containing sterilized equipment not labeled. Provide required labels. The packages shall be labeled with name of instrument, date, initials, and load number.		
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
<b>Comments:</b> No integrators are 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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Decontamination/sanitation area separate and supplied appropriately *
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 *
<b>Comments:</b> No log kept for the pre-sterilized disposable equipment observed. Maintain records in compliance with AB 300.		
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Sharps containers supplied, labeled, used and disposed of appropriately *
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 *
<b>Comments:</b> Provide handwashing sink in compliance with AB 300 to procedure areas, decontamination room, body piercing 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
<b>Comments:</b> No consent forms and medical questionnaire in compliance with AB 300 observed. Provide and maintain consent forms and medical questionnaire 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
<b>Comments:</b> Provide after care forms in compliance with AB 300. Observed after care forms not 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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Workstation/procedure area decontaminated
<b>Comments:</b> Observed dust buildup on shelves in the work station areas. Provide and maintain cleaning.		



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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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Storage of inks, pigments, needles, tubes, etc.	

**Comments:**

Observed ink/pigment containers not properly stored. Ensure to store all ink/pigment containers properly to avoid contamination.

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:**

Observed five body art artists (Juan Carrillo, Shawn Monaco, Trinidad Villar, Christopher Santos, and Sergio Alcantar) not being registered under AB 300. Obtain, within two weeks, approved certificate of registration with San Bernardino County.

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 type="checkbox"/> IN <input checked="" 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 02-22-13 due to listed violations on this report. Failure to comply with request on or before 02-22-13 will result in legal action taken.

**Attachments:**

No Attachments

Person in Charge:

Inspector: Juan Espinoza

Follow-up:

Yes

No

Follow-up Date: