



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 SKIN DEEP TATTOOS & PIERCING				DATE 2/22/2013	SIGNATURE <i>Juan Espinoza</i>
LOCATION 999 N WATERMAN AV , SAN BERNARDINO, CA 92410				REINSPECTION DATE 12/31-4714	PERMIT EXPIRATION 1/31/2013
MAILING ADDRESS 999 N WATERMAN AV , SAN BERNARDINO, CA 92410				<input checked="" type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT	
FA # FA0010991	PR # PR0003081	SR #	CO #	PE 2502	REHS Juan Espinoza
TIME IN 11:50 AM	TIME OUT 2:10 PM	CONTACT			PROGRAM IDENTIFIER: Enter North door, go straight back, righ SERVICE: 001 - Inspection - Routine RESULT: 05 - Corrective Action / Follow up Required ACTION: 13 - Permit Suspended / Facility Closed

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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Autoclave effective - passed integrator test |
| Comments: | |
| Unapproved sterilizer device was observed being used. Only equipment manufactured for the sterilization of medical instruments shall be used. Provide a steam autoclave device that is manufactured for medical use. | |
| 2 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Process of cleaning, labeling, packaging and sterilizing items appropriate |
| Comments: | |
| Observed items being placed in an unapproved sterilizer device and then packaged. This is not acceptable. The items shall be packaged first and then sterilized. Ensure that all items are properly sterilized in an approved sterilizer device before they are use. In addition, ensure to label all packages properly. No labels observed. | |
| 3 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT - Autoclave loaded correctly/packages allowed to dry |
| Comments: | |
| Unapproved sterilizer device observed. | |
| 4 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Integrators used/monthly spore test/log maintained |
| Comments: | |
| Obtain and use class V integrators. None observed. In addition, obtain and maintain monthly spore test results. No records observed. | |
| 5 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Decontamination/sanitation area separate and supplied appropriately * |
| Comments: | |
| Observed decontamination area being part of the procedure area and not properly supplied. Ensure to separate the decontamination area from the procedure area by a space of at least five feet or by a cleanable barrier. Also, ensure to equip with a sink, hot and cold running water, liquid soap in a wall-mounted dispenser, and single-use paper towels dispensed from a wall-mounted, touchless dispenser that is readily accessible to the practitioner. | |
| 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 three (3) work stations and only two sharps containers available. Each work station must be supplied with a sharps container | |
| 8 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Jewelry, tattoo and piercing equipment - clean and sterilized |
| Comments: | |
| Observed items not being sterilized properly. See comment in Autoclave item. | |
| 9 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - No eating, drinking or smoking - clean clothes |
| 10 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Hands washed effectively and timely |
| Comments: | |
| No handwashing sink in facility observed. The only handwashing sink available is in the restroom, which is outside this body art facility. | |
| 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 handwashing sink in compliance with AB 300 to procedure area and decontamination room. No sinks observed. | |



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 SKIN DEEP TATTOOS & PIERCING	DATE 2/22/2013	SIGNATURE <i>Juan Espinoza</i>
LOCATION 999 N WATERMAN AV., SAN BERNARDINO, CA 92410		REHS Juan Espinoza

BODY ART INSPECTION

12 IN NA OUT - Appropriate personal protective equipment available and used, eyewash station available *

Comments:

Observed a cloth apron being used without being cleaned and disinfected between procedures. It is strongly recommended to use single use (disposable) aprons or ensure to use a clean and disinfected apron before each procedure.

13 IN NA OUT - Branding is completed with no other customers in procedure area

14 IN NA OUT - Customers eighteen (18) years of age or older

15 IN NA OUT - Skin adequately prepared for procedure.

16 IN NA OUT - Client records approved and available - Consent form & questionnaire

Comments:

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 IN NA OUT - Appropriate aftercare instructions given to client

Comments:

Provide after care forms in compliance with AB 300. Observed after care forms not in compliance with AB 300.

18 IN NA OUT - Safe machine design

19 IN NA OUT - Machines cleaned and disinfected between clients

20 IN NA OUT - Parts replaced between clients - grommets, elastic bands, etc.

21 IN NA OUT - Workstation/procedure area decontaminated

22 IN NA OUT - Appropriate chemical disinfectant used Chemical used:

23 IN NA OUT - Disinfectant used appropriately/sufficient contact time Wet contact time provided:

24 IN NA OUT - Barriers available and used appropriately *

25 IN NA OUT - Products applied to skin are single use/dispensed aseptically

26 IN NA OUT - Storage of inks, pigments, needles, tubes, etc.

27 IN NA OUT - Jewelry, Inks, Needles etc approved and used correctly

28 IN NA OUT - Cross-contamination avoided during all phases of procedure

29 IN NA OUT - Areas separated/no living or sleeping quarters/no animals *

30 IN NA OUT - Floors and walls clean and in good repair, adequate light *

31 IN NA OUT - Workstation, surfaces, including chairs, armrests, etc. in good repair; trash removed frequently *

32 IN NA OUT - Permit/registration and required signs posted *

Comments:

Observed one body art practitioner (Edwin Aguilar) registered with San Bernardino County prior to AB 300. Obtain, within two weeks, a new registration.

33 IN NA OUT - IPCP and employee training records and Hepatitis B vaccination status present

Comments:

No IPCP observed. Provide and maintain an approved IPCP.

34 IN NA OUT - Restrooms available, stocked *

35 IN NA OUT - Plan Review

Comments:

Plan review is required for this facility. The owner shall submit the proposed floor plan to Environmental Health Services. The plans must be approved before this facility is permitted to operate.

36 IN NA OUT - Permits Obtained & Available *

37 IN NA OUT - Impoundment

38 IN NA OUT - Hearing Scheduled

39 IN NA OUT - Closure *

Comments:

The permit to operate this facility is hereby suspended due to unsafe conditions to the public and body art practitioner(s). Immediately cease operation.

Overall Inspection Comments:

The permit to operate Skin Deep Tattoos & Piercing is hereby suspended and the facility closed to the public due to unsafe conditions to



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 SKIN DEEP TATTOOS & PIERCING	DATE 2/22/2013	SIGNATURE 
LOCATION 999 N WATERMAN AV , SAN BERNARDINO, CA 92410	REHS Juan Espinoza	

the public and body art practitioner(s). The permit to operate will be reinstated and the facility opened to the public after all violations listed in this report are corrected and the required facility's plan is reviewed and approved by Environmental Health Services. Information about AB 300 was given to the person in charge on this date.

Attachments:

No Attachments

Person in Charge:

Inspector: Juan Espinoza

Follow-up:

Yes

No

Follow-up Date: