



**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>DR INC VOODOO LOUNGE TATTOO</b>				DATE <b>3/28/2013</b>	SIGNATURE <i>Juan Espinoza</i>
LOCATION <b>15165 7TH ST F, VICTORVILLE, CA 92392</b>				REINSPECTION DATE <b>4/11/2013</b>	PERMIT EXPIRATION <b>12/31/2013</b>
MAILING ADDRESS <b>15165 7TH ST STE F, VICTORVILLE CA 92392</b>				<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS <b>Juan Espinoza</b>	
FA # <b>FA0012613</b>	PR # <b>PR0016539</b>	SR #	CO #	PE <b>2502</b>	PROGRAM IDENTIFIER: <b>Upstairs</b>
TIME IN <b>3:48 PM</b>	TIME OUT <b>7:08 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 type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Autoclave effective - passed integrator test
2	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Process of cleaning, labeling, packaging and sterilizing items appropriate
3	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Autoclave loaded correctly/packages allowed to dry
4	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Integrators used/monthly spore test/log maintained
5	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Decontamination/sanitation area separate and supplied appropriately *
6	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Invoices and log kept for disposable, pre-sterilized equipment, backup supplies adequate *
7	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Sharps containers supplied, labeled, used and disposed of appropriately *

**Comments:**

No evidence for approved disposal of sharps container observed. 119314 (e) (3) All sharps waste produced during the process of tattooing, body piercing, or the application of permanent cosmetics shall be disposed by either of the following methods: (A) Removal and disposal by a company, or removal and transportation through a mail-back system approved by the department pursuant to subdivision (b) of Section 118245. (B) As solid waste, after being disinfected by a method approved by the department pursuant to paragraph (3) of subdivision (a) of Section 118215.

8	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Jewelry, tattoo and piercing equipment - clean and sterilized
---	---	---

**Comments:**

Observed unsterilized jewelry stored in the body piercing area. According to owner, the jewelry is only cleaned and sanitized with alcohol before placed in newly pierced skin. Immediately cease this practice. This facility does not have a sterilizer. 119310 (a) Jewelry placed in newly pierced skin shall be sterilized prior to piercing as specified in Section 119315 or shall be purchased presterilized. Sterile jewelry packs shall be evaluated before use and, if the integrity of a pack is compromised, including, but not limited to, being torn, wet, or punctured, the pack shall be discarded or reprocessed before use.

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:**

No handwashing sink in the procedure area observed. Provide a handwashing sink in compliance with AB 300. 119314 (b) (3) Procedure areas in a body art facility shall be equipped with a sink supplied with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser that is accessible to the practitioner.

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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Client records approved and available - Consent form & questionnaire
17	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Appropriate aftercare instructions given to client

**Comments:**

Provide after care form in compliance with AB 300. Observed after care form missing the following information: 119303 (B) Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions. 119303 (C) Signs and symptoms of infection, including, but not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site. 119303 (D) Signs and symptoms that indicate the need to seek medical care.

18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Safe machine design
----	---	-----------------------



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>DR INC VOODOO LOUNGE TATTOO</b>	DATE <b>3/28/2013</b>	SIGNATURE 
LOCATION <b>15165 7TH ST F, VICTORVILLE, CA 92392</b>		REHS <b>Juan Espinoza</b>

**BODY ART INSPECTION**

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
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> OUT	- Appropriate chemical disinfectant used <span style="float: right;">Chemical used:</span>
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 checked="" type="checkbox"/> IN	<input type="checkbox"/> NA	<input type="checkbox"/> OUT	- Permit/registration and required signs posted *
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

**Comments:**

No IPCP observed. Provide and maintain an approved IPCP.

119313 (a) A body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established by the practitioners, specifying the procedures to achieve compliance with each applicable requirement of this chapter.

(b) The Infection Prevention and Control Plan shall include all of the following:

- (1) Procedures for decontaminating and disinfecting environmental surfaces.
- (2) Procedures for decontaminating, packaging, sterilizing, and storing reusable instruments.
- (3) Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage.
- (4) A set up and tear down procedure for any form of body art performed at the body art facility.
- (5) Techniques to prevent the contamination of instruments or the procedure site during the performance of body art.
- (6) Procedures for safe handling and disposal of sharps waste.

(c) The Infection Prevention and Control Plan shall be revised when changes are made in infection prevention practices, procedures, or tasks.

(d) On site training on the facility's Infection Prevention and Control Plan shall take place when tasks where occupational exposure may occur are initially assigned, any time there are changes in the procedures or tasks, and when new technology is adopted for use in the facility, but not less than once each year.

(e) Records of training required pursuant to this section shall be maintained for three years and shall be available for inspection upon request of the enforcement officer.

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



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 DR INC VOODOO LOUNGE TATTOO	DATE 3/28/2013	SIGNATURE <i>Juan Espinoza</i>
LOCATION 15165 7TH ST F, VICTORVILLE, CA 92392		REHS Juan Espinoza

**BODY ART INSPECTION**

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 04-11-13 due to listed violations on this report. Failure to comply with request on or before 04-11-13 will result in legal action taken.

**Attachments:**

No Attachments

Person in Charge: Roderick Andrade

Inspector: Juan Espinoza

Follow-up:  Yes  No Follow-up Date: