



**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 MOBSTER INK				DATE 4/25/2013	SIGNATURE
LOCATION 35089 YUCAIPA BL, YUCAIPA, CA 92399				REINSPECTION DATE 5/09/2013	PERMIT EXPIRATION 5/31/2013
MAILING ADDRESS 35089 YUCAIPA BL, YUCAIPA CA 92399				<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS Juan Espinoza	
FA # FA0020751	PR # PR0027911	SR #	CO #	PE 2502	PROGRAM IDENTIFIER:
TIME IN 5:45 PM	TIME OUT 7:13 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 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 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.

119315 (f) In place of the requirements for maintaining sterilization records, the following records shall be kept and maintained for a minimum of 90 days following the use of the instruments at the site of practice for the purpose of verifying the use of disposable, single-use, pre-sterilized instruments:

- (1) A record of purchase and use of all single-use instruments.
- (2) A log of all procedures, including the names of the practitioner and client and the date of the procedure.

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 *

Comments:

Observed handwashing sinks in the procedure area missing the paper towel. The sink shall be 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 [119314 (b) (3)].

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:

Observed consent form missing information about the description of the procedure. Provide and maintain consent form and medical questionnaire in compliance with AB 300.

119303. (a) Prior to the performance of body art, the client shall read, complete, and sign an informed consent form that shall include, but not be limited to, all of the following information:

- (1) A description of the procedure.
- (2) A description of what the client should expect following the procedure, including suggested care and any medical complications that may occur as a result of the procedure.
- (3) A statement regarding the permanent nature of body art.



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 MOBSTER INK	DATE 4/25/2013	SIGNATURE <i>Juan Espinoza</i>
LOCATION 35089 YUCAIPA BL., YUCAIPA, CA 92399		REHS Juan Espinoza

BODY ART INSPECTION

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 gardening, or contact with animals, and the duration of therestrictions. 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
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 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 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) Onsite 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 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



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 MOBSTER INK	DATE 4/25/2013	SIGNATURE <i>Juan Espinoza</i>
LOCATION 35089 YUCAIPA BL., YUCAIPA, CA 92399		REHS Juan Espinoza

BODY ART INSPECTION

36 IN NA OUT - Permits Obtained & Available *

Comments:

Observed two body art artists (Robert Fouty, Joseph Lucero) registered with San Bernardino County prior to July 1, 2012. Obtain, within two weeks, certificate of registration in compliance with AB 300.

119306. (a) A person shall not perform body art if he or she is not registered with the local enforcement agency.
 (b) As a condition of registration, the applicant shall provide all of the following:
 (1) Evidence of current hepatitis B vaccination, including applicable boosters, unless the practitioner can demonstrate hepatitis B immunity or has complied with current federal OSHA hepatitis B vaccination declination requirements.
 (2) Evidence of completion of OSHA Bloodborne Pathogen Training consistent with Section 119307 and pursuant to paragraph (2) of subdivision (g) of Section 5193 of Title 8 of the California Code of Regulations or its successor.
 (3) Proof that he or she is 18 years of age or older.
 (4) Self-certification of, knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art safety.
 (5) For first-time registrants, documentation evidencing a minimum of six months of related experience. The local enforcement agency may require documentation that includes, but is not limited to, dates, type, and location of work, and the name and contact information of the registrant's supervisor or supervisors.
 (6) His or her business address and the address at which he or she will perform any activity regulated by this chapter.
 (7) Payment of a registration fee directly to the local enforcement agency.

37 IN NA OUT - Impoundment

38 IN NA OUT - Hearing Scheduled

39 IN NA OUT - Closure *

Overall Inspection Comments:

This facility is scheduled for a re-inspection on or after 05-09-13 due to listed violations on this report. Failure to comply with request on or before 05-09-13 will result in legal action taken.

Attachments:

No Attachments

Person in Charge:

Inspector: Juan Espinoza

Follow-up: Yes No Follow-up Date: