



**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 FLESH EATERS INK				DATE 5/7/2013	SIGNATURE
LOCATION 722 S EUCLID AV 106, ONTARIO, CA 91762				REINSPECTION DATE 5/07/2014	PERMIT EXPIRATION 11/30/2013
MAILING ADDRESS 1310 COPPER CT, ONTARIO CA 91762				<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS Juan Espinoza	
FA # FA0026415	PR # PR0034650	SR #	CO #	PE 2502	PROGRAM IDENTIFIER:
TIME IN 2:14 PM	TIME OUT 3:58 PM	CONTACT			SERVICE: 001 - Inspection - Routine
					RESULT: 03 - Corrective Action / No Follow up Required
					ACTION: 01 - No Further Action 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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Integrators used/monthly spore test/log maintained
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 *

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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Handwashing facilities properly supplied and accessible, warm potable water *
12	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Appropriate personal protective equipment available and used, eyewash station available *

Comments:

No appropriate personal protective equipment (PPE) observed. Obtain and use appropriate PPE.
119308 (a) Before performing body art, the practitioner shall do all of the following:
(2) Put on a clean apron, bib, or lap pad over clean, dry clothing.
(3) Put on personal protective equipment that is appropriate for the task.

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.



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

Comments:

Observed consent form and medical questionnaire missing information. 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.

 119303 (b) Prior to the performance of body art, the client shall receive, complete, and sign a questionnaire that includes all of the following information:
 (1) Whether the client may be pregnant.
 (2) Whether the client has a history of herpes infection at the proposed procedure site, diabetes, allergic reactions to latex or antibiotics, hemophilia or other bleeding disorder, or cardiac valve disease.
 (3) Whether the client has a history of medication use or is currently using medication, including being prescribed antibiotics prior to dental or surgical procedures.
 (4) Other risk factors for bloodborne pathogen exposure.

17 IN NA 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 (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. In addition, ensure to include No Gardening and No Contact with Animals in the restriction of physical activities statement.

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

Comments:

Observed dust buildup on shelves. Provide and maintain cleaning. 119309. (a) The practitioner shall maintain a clean and sanitary environment.

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

Comments:

Observed tattoo machine and cord not covered during procedure. 119311 (h) Any part of a tattooing machine that may be touched by the practitioner during the procedure shall be covered with a disposable plastic sheath that is discarded upon completion of the procedure, and the machine shall be decontaminated upon completion of the 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 *

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

34 IN NA OUT - Restrooms available, stocked *

35 IN NA OUT - Plan Review

36 IN NA OUT - Permits Obtained & Available *



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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:

No Overall Inspection Comments

Attachments:

No Attachments

Person in Charge:

Inspector: Juan Espinoza

Follow-up:

Yes

No

Follow-up Date: