



**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 SMILIE'S TATTOOS				DATE 5/21/2013	SIGNATURE
LOCATION 4651 HOLT BL F, MONTCLAIR, CA 91763				REINSPECTION DATE 5/21/2014	PERMIT EXPIRATION 8/31/2013
MAILING ADDRESS 4651 HOLT BL STE F, MONTCLAIR CA 91763				REHS Juan Espinoza	
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT				PROGRAM IDENTIFIER:	
FA # FA0026096	PR # PR0034280	SR #	CO #	PE 2502	SERVICE: 001 - Inspection - Routine
TIME IN 2:51 PM	TIME OUT 4:06 PM	CONTACT			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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Process of cleaning, labeling, packaging and sterilizing items appropriate

Comments:

Observed packages containing sterilized equipment not properly labeled. Provide required labels. Also, label all containers according to the contents. 119315. A body art facility shall conform to the following sterilization procedures:

(a) The outside of the pack shall be labeled with the name of the instrument, the date sterilized, and the initials of the person operating the sterilizing equipment.

119315 (c) Clean instruments and sterilized instrument packs shall be placed in clean, dry, labeled containers, or stored in a labeled cabinet that is protected from dust and moisture.

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

Comments:

No integrators are being used at this time. Obtain, maintain, and use integrators. In addition, no results of monthly spore tests and sterilization log observed. Obtain and maintain monthly spore tests and sterilization log.

119315 (b) (3) Each sterilization load shall be monitored with mechanical indicators for time, temperature, pressure, and, at a minimum, Class V integrators. Each individual sterilization pack shall have an indicator.

119315 (b) (2) Sterilization equipment shall be tested using a commercial biological indicator monitoring system after the initial installation, after any major repair, and at least once per month. The expiration date of the monitor shall be checked prior to each use.

119315 (b) (5) A written log of each sterilization cycle shall be retained on site for two years and shall include all of the following information:

- (A) The date of the load.
- (B) A list of the contents of the load.
- (C) The exposure time and temperature.
- (D) The results of the Class V integrator.
- (E) For cycles where the results of the biological indicator monitoring test are positive, how the items were cleaned, and proof of a negative test before reuse.

5	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Decontamination/sanitation area separate and supplied appropriately *
---	---

Comments:

No space or barrier between procedure area and sanitation area observed. 119314 (c) Decontamination and sanitation areas within a body art facility shall meet all of the following requirements:

- (1) Be separated from procedure areas by a space of at least five feet or by a cleanable barrier.



**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 SMILIE'S TATTOOS	DATE 5/21/2013	SIGNATURE <i>Juan Espinoza</i>
LOCATION 4651 HOLT BL F, MONTCLAIR, CA 91763	REHS Juan Espinoza	

BODY ART INSPECTION

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 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 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	<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
----	---

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
----	---



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 SMILIE'S TATTOOS	DATE 5/21/2013	SIGNATURE <i>Juan Espinoza</i>
LOCATION 4651 HOLT BL F, MONTCLAIR, CA 91763		REHS Juan Espinoza

BODY ART INSPECTION

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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- IPCP and employee training records and Hepatitis B vaccination status present
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
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: