



**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 KILLER TATTOOS				DATE 5/29/2013	SIGNATURE
LOCATION 4027 HOLT BL, MONTCLAIR, CA 91763				REINSPECTION DATE 5/29/2014	PERMIT EXPIRATION 8/31/2013
MAILING ADDRESS 761 WILLIAM ST, POMONA CA 91768				<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS Juan Espinoza	
FA # FA0026245	PR # PR0034450	SR #	CO #	PE 2502	PROGRAM IDENTIFIER: Monday to Sunday 10:00 am to 9:00 p
TIME IN 11:14 AM	TIME OUT 1:18 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 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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- No eating, drinking or smoking - clean clothes

Comments:

Observed drinks and personal items left on shelves and counter tops in work stations/procedure area. 119309 (i) No food, drink, tobacco product, or personal effects are permitted in the procedure area. The practitioner shall not eat, drink, or smoke while performing a procedure. If a client requests to eat, drink, or smoke, the procedure shall be stopped and the procedure site shall be protected from possible contamination while the client leaves the procedure area to eat, drink, or smoke.

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:

Handwashing facilities shall be properly supplied and accessible. No hot water was observed up on inspection. Water heater was plugged in during inspection and is now supplying hot water in the procedure area.

12	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Appropriate personal protective equipment available and used, eyewash station available *
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Comments:

Observed body art practitioner not using a apron, bib, or lap during procedure. 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 (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 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 *

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



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36 IN NA OUT - Permits Obtained & Available *

Comments:

Observed two work station being used by body art artists (Martin and Hector) not registered with San Bernardino County. Martin and Hector are prohibited from providing services as body art practitioners in San Bernardino County.

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:

No Overall Inspection Comments

Attachments:

No Attachments

Person in Charge:

Inspector: Juan Espinoza

Follow-up:

Yes

No

Follow-up Date: