



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/dph/dehs

(800) 442-2283

FACILITY NAME CROSSROADS				DATE 7/9/2013	SIGNATURE
LOCATION 17153 BEAR VALLEY RD, HESPERIA, CA 92345				REINSPECTION DATE 7/23/2013	PERMIT EXPIRATION 9/30/2013
MAILING ADDRESS 17153 BEAR VALLEY RD, HESPERIA CA 92345				REHS Patrick Baccari	
FA # FA0011965	PR # PR0000625	SR # Not Specified	CO # Not Specified	PE 2502	PROGRAM IDENTIFIER: None
TIME IN 3:20 PM	TIME OUT 4:45 PM	CONTACT Not Captured			SERVICE: 003 - Inspection - Follow Up Inspection
					RESULT: 05 - Corrective Action / Follow up Required
					ACTION: 03 - Reinspection Required

BODY ART - BODY ART FACILITY

25BA02 Process of cleaning, labeling, packaging and sterilizing items appropriate

⚠ CRITICAL ⚠

Compliance Date: Not Specified
 Not In Compliance
 Violation Reference -

Inspector Comments: (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.

Violation Description:

25BA11 Handwashing facilities properly supplied and accessible, warm potable water *

⚠ CRITICAL ⚠

Compliance Date: Not Specified
 Not In Compliance
 Violation Reference -

Inspector Comments: Provide and maintain supplies in wall mounted dispensers. Supplies were not in single use dispensers at hand wash sink in piercing room. Common hand wash sink artist area had wall mounted dispensers that were observed empty. Soap in pour dispenser was observed on counter for use.

Violation Description:

25BA16 Client records approved and available - Consent form & questionnaire

⚠ CRITICAL ⚠

Compliance Date: Not Specified
 Not In Compliance
 Violation Reference -

Inspector Comments: 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, presterilized 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.

Violation Description:

25BA16 Client records approved and available - Consent form & questionnaire

⚠ CRITICAL ⚠

Compliance Date: Not Specified
 Not In Compliance
 Violation Reference -

Inspector Comments: Recommend medical questionnaire be on separate form, and it gets destroyed in two years by shredding.
 (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.
 (c) The questionnaire and all responses shall be considered confidential information. The body art facility shall maintain the privacy of the information and shall not sell, share, or transfer the information. A body art facility shall comply with all state and federal laws with respect to the protection of a client's personally identifiable information, including, but not limited to, medical information, and shall be subject to existing penalties for violation of applicable laws. The body art facility shall shred any confidential medical information after two years from performing the body art procedure on the client.

Violation Description:



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⚠ CRITICAL ⚠

Compliance Date: Not Specified
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 Violation Reference -

Inspector Comments: (4) Postprocedure instructions that include all of the following:
 (A) Information on the care of the procedure site.
 (B) Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.
 (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.
 (D) Signs and symptoms that indicate the need to seek medical care.

Violation Description:

25BA16 Client records approved and available - Consent form & questionnaire

⚠ CRITICAL ⚠

Compliance Date: Not Specified
 Not In Compliance
 Violation Reference -

Inspector Comments: Consent form must include at a minimum:
 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.

Violation Description:

Overall Inspection Comments

Forms need to be revised in order for medical questions to be removed and shredded in two years. Provide email of corrected forms or a re-inspection may be necessary and billed.

Photo Attachments:

No Photo Attachments