



**County of San Bernardino • Department of Public Health
Division of Environmental Health Services
COMMUNITY ENVIRONMENTAL HEALTH PROGRAM
BODY ART - OFFICIAL INSPECTION REPORT**

(800) 442-2283

www.sbcounty.gov/dph/dehs

FACILITY NAME REDRUM TATTOO				DATE 7/16/2013	SIGNATURE
LOCATION 16138 MAIN ST, HESPERIA, CA 92345				REINSPECTION DATE 6/16/2014	PERMIT EXPIRATION 3/31/2014
MAILING ADDRESS 16138 MAIN ST, HESPERIA CA 92345				REHS Patrick Baccari	
MAILING ADDRESS 16138 MAIN ST, HESPERIA CA 92345				<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT	
FA # FA0013663	PR # PR0018085	SR # Not Specified	CO # Not Specified	PE 2502	PROGRAM IDENTIFIER: None
TIME IN 1:02 PM	TIME OUT 3:29 PM	CONTACT Not Captured			SERVICE: 003 - Inspection - Follow Up Inspection
					RESULT: 03 - Corrective Action / No Follow up Required
					ACTION: 01 - No Further Action Required

BODY ART - BODY ART FACILITY

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

Compliance Date: Not Specified **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.

Not In Compliance

Violation Reference -

Violation Description:

25BA04 Integrators used/monthly spore test/log maintained **⚠ CRITICAL ⚠**

Compliance Date: Not Specified **Inspector Comments:** 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. No integrators were observed available this date. Provide class 5 integrators for each load in the sterilizer.

Not In Compliance

Violation Reference -

Violation Description:

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

Compliance Date: Not Specified **Inspector Comments:** Hand wash sinks supplied with hot and cold potable running water, soap, and single-use paper towels to which practitioners have direct access. Maintain single use wall mounted paper towels at all hand wash sinks.(X3)

Not In Compliance

Violation Reference -

Violation Description:

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

Compliance Date: Not Specified **Inspector Comments:** 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.

(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.

(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:



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25BA33 IPCP and employee training records and Hepatitis B vaccination status present **⚠ CRITICAL ⚠**

Compliance Date: Not Specified

Not In Compliance

Violation Reference -

Inspector Comments: Revise IPCP to include more specific detail. Also provide documentaion of training for all employees.

Violation Description:

Overall Inspection Comments

Email revised forms and IPCP within two weeks. Failure to comply with revised forms will result in billed inspection.

Photo Attachments:

No Photo Attachments