



**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](http://www.sbcounty.gov/dph/dehs)

**(800) 442-2283**

FACILITY NAME <b>EXTREME SKIN REJUVENATION MEDICAL</b>				DATE <b>7/26/2013</b>	SIGNATURE <i>[Signature]</i>
LOCATION <b>16000 APPLE VALLEY RD C1, APPLE VALLEY, CA 92307</b>				REINSPECTION DATE <b>7/26/2014</b>	PERMIT EXPIRATION <b>5/31/2013</b>
MAILING ADDRESS <b>19450 SENECA RD, APPLE VALLEY CA 92307</b>				REHS <b>Grizelda Reisinger</b>	
FA # <b>FA0015441</b>	PR # <b>PR0020469</b>	SR #	CO #	PE <b>2502</b>	PROGRAM IDENTIFIER: <b>North AV</b>
TIME IN <b>1:55 PM</b>	TIME OUT <b>3:00 PM</b>	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 type="checkbox"/> NA <input type="checkbox"/> OUT	- Autoclave effective - passed integrator test
2	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Process of cleaning, labeling, packaging and sterilizing items appropriate
3	<input 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 type="checkbox"/> OUT	- Integrators used/monthly spore test/log maintained
5	<input 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 type="checkbox"/> OUT	- Invoices and log kept for disposable, pre-sterilized equipment, backup supplies adequate *
7	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Sharps containers supplied, labeled, used and disposed of appropriately *
8	<input 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 type="checkbox"/> OUT	- No eating, drinking or smoking - clean clothes
10	<input 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 type="checkbox"/> OUT	- Appropriate personal protective equipment available and used, eyewash station available *
13	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Branding is completed with no other customers in procedure area
14	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Customers eighteen (18) years of age or older
15	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Skin adequately prepared for procedure.
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Client records approved and available - Consent form & questionnaire

**Comments:**

Minor revisions are required on the Questionnaire. Ensure the following is completed prior to next routine inspection. Include a statement about allergies to latex and antibiotics. Include a statement about Herpes at the proposed site. And include a statements about having hemophilia/ other bleeding disorders and cardiac valve disease.

17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Appropriate aftercare instructions given to client
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**Comments:**

On aftercare form, include a statement about restrictions on gardening and contact with animals. Also, include a statement about signs and symptoms that may require medical attention.

18	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Safe machine design
19	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Machines cleaned and disinfected between clients
20	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Parts replaced between clients - grommets, elastic bands, etc.
21	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Workstation/procedure area decontaminated
22	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Appropriate chemical disinfectant used <span style="float:right">Chemical used:</span>
23	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Disinfectant used appropriately/sufficient contact time Wet contact time provided:
24	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Barriers available and used appropriately *
25	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Products applied to skin are single use/dispensed aseptically
26	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Storage of inks, pigments, needles, tubes, etc.
27	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Jewelry, Inks, Needles etc approved and used correctly
28	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Cross-contamination avoided during all phases of procedure
29	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Areas separated/no living or sleeping quarters/no animals *
30	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Floors and walls clean and in good repair, adequate light *
31	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Workstation, surfaces, including chairs, armrests, etc. in good repair; trash removed frequently *



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**BODY ART INSPECTION**

32	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Permit/registration and required signs posted *
<b>Comments:</b> No registration available for review at this time. Obtain registration within 1 week. Cease and desist practicing permanent make-up until registration has been obtained.	
33	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - IPCP and employee training records and Hepatitis B vaccination status present
<b>Comments:</b> No Infection Prevention Control Plan (IPCP) available for review. Complete the IPCP within 1 week.	
34	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Restrooms available, stocked *
35	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Plan Review
36	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Permits Obtained & Available *
37	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Impoundment
38	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Hearing Scheduled
39	<input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Closure *

**Overall Inspection Comments:**

A re-inspection of this body art facility was conducted on this date.

Minor revisions on the Questionnaire are required. Ensure the following is completed prior to next routine inspection. Include a statement about allergies to latex and antibiotics. Include a statement about Herpes at the proposed site. And include a statements about having hemophilia/ other bleeding disorders and cardiac valve disease.

On aftercare form, include a statement about restrictions on gardening and contact with animals. Also, include a statement about signs and symptoms that may require medical attention.

Body artist is to obtain Practitioner Registration within 3 months and submit a copy of the IPCP this time frame. Cease and desist any body art activities until Registration has been obtained. Artist will be out of town for several months. Obtain full compliance to avoid a charged Re-inspection.

Please contact Grizelda Reisinger at 909.322.8384 with any questions or concerns.

**Attachments:**

No Attachments

Person in Charge: Renae Petelski

Inspector: Grizelda Reisinger

Follow-up:  Yes  No Follow-up Date: