



**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 SIX FEET UNDER TATTOO PARLOR				DATE 7/29/2013	SIGNATURE
LOCATION 116 N 2ND AV, UPLAND, CA 91786				REINSPECTION DATE 6/29/2014	PERMIT EXPIRATION 1/31/2014
MAILING ADDRESS 116 N 2ND AV, UPLAND, CA 91786				REHS Patrick Baccari	
FA # FA0000185	PR # PR0013069	SR # Not Specified	CO # Not Specified	PE 2502	PROGRAM IDENTIFIER: None
TIME IN 12:14 PM	TIME OUT 1:35 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

25K221 Permit - Registration

Comply by: 8/1/2013

Not In Compliance

Violation Reference - HSC

Inspector Comments: Henry Powel, Michael Slonaker, were observed to not have current registration. These individuals are prohibited from performing body art until current registration is processed and approved.

Violation Description: All Body Art artists shall registered with the Division of Environmental Health Services.

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

⚠ CRITICAL ⚠

Compliance Date: Not Specified

Not In Compliance

Violation Reference -

Inspector Comments: On consent form describe the type, place, and effects of getting a tattoo. 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:

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

⚠ CRITICAL ⚠

Compliance Date: Not Specified

Not In Compliance

Violation Reference -

Inspector Comments: Suggest keeping medical questionnaire on separate form to be shredded after two years.
(D) Signs and symptoms that indicate the need to seek medical care.
(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:

25BA17 Appropriate aftercare instructions given to client

⚠ CRITICAL ⚠

Compliance Date: Not Specified

Not In Compliance

Violation Reference -

Inspector Comments: After care must include the following.
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:

Overall Inspection Comments



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 SIX FEET UNDER TATTOO PARLOR	DATE 7/29/2013	SIGNATURE
LOCATION 116 N 2ND AV, UPLAND, CA 91786		REHS Patrick Baccari

A current copy of IPCP is available. Provide training records to the IPCP. Henry Powel, Michael Slonaker, were observed to not have current registration. These individuals are prohibited from performing body art until current registration is processed and approved. Received completed declination, bloodborne pathogen certification, copy of ID and application for Neil Wilson's current registration. Money order 14-726015264 for \$101.00 Western Union.

Photo Attachments:

No Photo Attachments