



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 <b>TATTOO ALCHEMY</b>				DATE 7/31/2013	SIGNATURE <i>M. Baccari</i>
LOCATION 5640 MORENO ST D, MONTCLAIR, CA 91763				REINSPECTION DATE 6/30/2014	PERMIT EXPIRATION 10/31/2013
MAILING ADDRESS 8351 GABRIEL DR UNIT A, RANCHO CUCAMONGA CA 91730				REHS Patrick Baccari	
FA # FA0022320	PR # PR0029559	SR # Not Specified	CO # Not Specified	PE 2502	PROGRAM IDENTIFIER: None
TIME IN 3:16 PM	TIME OUT 4:20 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**

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

⚠ **CRITICAL** ⚠

Compliance Date: Not Specified  
Not In Compliance  
Violation Reference -

**Inspector Comments:** Revise consent form to describe the procedure, describe the effects following the procedure.  
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 medical questions be on a separate form with name and signature. Medical questions are to be shredded after two years.  
(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:** Revise post procedures to include all of the following as required.  
(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:

**25BA32 Permit/registration and required signs posted \***

⚠ **CRITICAL** ⚠

Compliance Date: Not Specified  
Not In Compliance  
Violation Reference -

**Inspector Comments:** Steve Howard SR0053948 possible Rowes, is prohibited from performing body art in San Bernardino Co. until he has current registration.

Violation Description:



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

Compliance Date: Not Specified

Inspector Comments: Revise IPCP and email completed product for review.

Not In Compliance

Violation Reference -

Violation Description:

**Overall Inspection Comments**

Steve Howard SR0053948 possible Rowes, is prohibited from performing body art in San Bernardino Co. until he has current registration. Email corrected forms and IPCP for compliance with AB 300 Body Art Act. Failure to comply will result in a billable re-inspection at \$245.00 per hour.

**Photo Attachments:**

No Photo Attachments