



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

FACILITY NAME <b>MODERNOS PRIMITIVOS</b>					DATE <b>8/15/2013</b>	SIGNATURE <i>Diana Reyes</i>	
LOCATION <b>1600 E HOLT AV L-7/8, POMONA, CA 91767</b>					REINSPECTION DATE <b>8/29/2013</b>	PERMIT EXPIRATION <b>7/31/2013</b>	
MAILING ADDRESS <b>11206 POULSEN AV, MONTCLAIR CA 91763</b>					<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT REHS <b>Juan Espinoza</b>		
FA # <b>FA0027273</b>	PR # <b>PR0035671</b>	SR #	CO #	PE <b>2502</b>	PROGRAM IDENTIFIER:		
TIME IN <b>5:02 PM</b>	TIME OUT <b>6:29 PM</b>	CONTACT			SERVICE: 001 - Inspection - Routine		
					RESULT: 05 - Corrective Action / Follow up Required		
					ACTION: 03 - Reinspection 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 checked="" 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 checked="" type="checkbox"/> OUT	- Process of cleaning, labeling, packaging and sterilizing items appropriate
<b>Comments:</b> Observed label on the packages containing sterilized equipment missing the name of the instrument. Provide label with required information. 119315 (a) The outside of the pack shall be labeled with the name of the instrument, the date sterilized, and the initials of the person operating the sterilizing equipment.		
3	<input checked="" 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 checked="" type="checkbox"/> OUT	- Integrators used/monthly spore test/log maintained
<b>Comments:</b> No integrators are being used at this time. Obtain, maintain, and use class V integrators to monitor each load during the sterilization cycle. In addition, no results of monthly spore tests observed. Obtain and maintain monthly spore tests on site.  119315 (b) (3) 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.  119315 (b) (2) Sterilization equipment shall be tested using a commercial biological indicator monitoring system after the initial installation, after any major repair, and at least once per month. The expiration date of the monitor shall be checked prior to each use.		
5	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Decontamination/sanitation area separate and supplied appropriately *
<b>Comments:</b> No paper towel dispenser was observed in the sterilization/decontamination room. Decontamination and sanitation areas within a body art facility shall be equipped with a sink, hot and cold running water, liquid soap in a wall-mounted dispenser, and single-use paper towels dispensed from a wall-mounted, touchless dispenser that is readily accessible to the practitioner [119314(c) (2)].		
6	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Invoices and log kept for disposable, pre-sterilized equipment, backup supplies adequate *
<b>Comments:</b> No log kept for the pre-sterilized disposable equipment observed. Maintain records in compliance with AB 300.  119315 (f) 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, pre-sterilized 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.		
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Sharps containers supplied, labeled, used and disposed of appropriately *
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Jewelry, tattoo and piercing equipment - clean and sterilized
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- No eating, drinking or smoking - clean clothes
10	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Branding is completed with no other customers in procedure area
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Customers eighteen (18) years of age or older



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LOCATION <b>1600 E HOLT AV L-7/8, POMONA, CA 91767</b>		REHS <b>Juan Espinoza</b>

**BODY ART INSPECTION**

15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Skin adequately prepared for procedure.
16	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Client records approved and available - Consent form & questionnaire

**Comments:**

Observed consent form missing statement regarding 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 [119303 (a) (2)]. In addition, the medical questionnaire is missing the statements regarding whether the client has a history of medication use or is currently using medication, including being prescribed antibiotics prior to dental or surgical procedures; and other risk factors for bloodborne pathogen exposure 119303 (b) (3) (4). Provide and maintain consent form and medical questionnaire in compliance with AB 300.

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.

119303 (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.

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

Provide and maintain an aftercare form in compliance with AB 300, Section 119303 (a) (4). No after care form observed. The aftercare shall include 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.

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



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FACILITY NAME <b>MODERNOS PRIMITIVOS</b>	DATE 8/15/2013	SIGNATURE <i>Draco Reyes</i>
LOCATION 1600 E HOLT AV L-7/8, POMONA, CA 91767		REHS Juan Espinoza

**BODY ART INSPECTION**

30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Floors and walls clean and in good repair, adequate light *
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Workstation, surfaces, including chairs, armrests, etc. in good repair; trash removed frequently *
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Permit/registration and required signs posted *
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

**Comments:**

The IPCP was observed on site, but it needs to be revised to reflect the facility's operation.

34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Restrooms available, stocked *
35	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Plan Review
36	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Permits Obtained & Available *

**Comments:**

Observed one body art artist, Draco Reyes, registered with San Bernardino County prior to AB 300. Obtain, within two weeks, a certificate of registration in compliance with AB 300. Failure to obtain certification will result in legal action taken.

37	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Impoundment
38	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Hearing Scheduled
39	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Closure *

**Overall Inspection Comments:**

This facility is scheduled for a re-inspection on or after 08-29-13 due to violations listed in this report. Failure to correct violations on or before 08-29-13 will result in legal action taken.

**Attachments:**

No Attachments

Person in Charge:

Inspector: Juan Espinoza

Follow-up:

Yes

No

Follow-up Date: