



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 HEROES & MADMEN TATTOO				DATE 8/22/2013	SIGNATURE
LOCATION 227 S RIVERSIDE AV B, RIALTO, CA 92376				REINSPECTION DATE 9/05/2013	PERMIT EXPIRATION 3/31/2014
MAILING ADDRESS 227 S RIVERSIDE AV UNIT B, RIALTO CA 92376				REHS Patrick Baccari	
FA # FA0010863	PR # PR0003492	SR #	CO #	PE 2502	PROGRAM IDENTIFIER:
TIME IN 3:14 PM	TIME OUT 5:18 PM	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 type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Autoclave effective - passed integrator test
2	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Process of cleaning, labeling, packaging and sterilizing items appropriate
3	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Autoclave loaded correctly/packages allowed to dry
4	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Integrators used/monthly spore test/log maintained
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Decontamination/sanitation area separate and supplied appropriately *
6	<input checked="" 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 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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Handwashing facilities properly supplied and accessible, warm potable water *
Comments: Provide hand washing facilities with hot and cold running water, soap, and single-use paper towels to which practitioners have direct access.		
12	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Appropriate personal protective equipment available and used, eyewash station available *
Comments: As a minimum use of gloves, clean apron, bib, or lap pad over clean, dry clothing.		
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
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Skin adequately prepared for procedure.



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16 IN NA OUT - Client records approved and available - Consent form & questionnaire

Comments:

Revise forms consent, medical questionnaire.

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.

Medical questionnaire:

(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.

17 IN NA OUT - Appropriate aftercare instructions given to client

Comments:

Revise after care form to include required details as described in AB 300.

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.

18 IN NA OUT - Safe machine design

19 IN NA OUT - Machines cleaned and disinfected between clients

20 IN NA OUT - Parts replaced between clients - grommets, elastic bands, etc.

21 IN NA OUT - Workstation/procedure area decontaminated

22 IN NA OUT - Appropriate chemical disinfectant used Chemical used:

23 IN NA OUT - Disinfectant used appropriately/sufficient contact time Wet contact time provided:

24 IN NA OUT - Barriers available and used appropriately *

25 IN NA OUT - Products applied to skin are single use/dispensed aseptically

26 IN NA OUT - Storage of inks, pigments, needles, tubes, etc.

27 IN NA OUT - Jewelry, Inks, Needles etc approved and used correctly

28 IN NA OUT - Cross-contamination avoided during all phases of procedure

29 IN NA OUT - Areas separated/no living or sleeping quarters/no animals *

30 IN NA OUT - Floors and walls clean and in good repair, adequate light *

31 IN NA OUT - Workstation, surfaces, including chairs, armrests, etc. in good repair; trash removed frequently *



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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:

Revise IPCP

(b) The Infection Prevention and Control Plan shall include all of the following:

- (1) Procedures for decontaminating and disinfecting environmental surfaces.
- (2) Procedures for decontaminating, packaging, sterilizing, and storing reusable instruments.
- (3) Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage.
- (4) A set up and tear down procedure for any form of body art performed at the body art facility.
- (5) Techniques to prevent the contamination of instruments or the procedure site during the performance of body art.
- (6) Procedures for safe handling and disposal of sharps waste.

(c) The Infection Prevention and Control Plan shall be revised when changes are made in infection prevention practices, procedures, or tasks.

(d) Onsite training on the facility's Infection Prevention and Control Plan shall take place when tasks where occupational exposure may occur are initially assigned, any time there are changes in the procedures or tasks, and when new technology is adopted for use in the facility, but not less than once each year.

34	<input checked="" 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:

No Overall Inspection Comments

Attachments:

No Attachments

Person in Charge: Jesse Garcia

Inspector: Patrick Baccari

Follow-up:

Yes

No

Follow-up Date: