



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 LUCKY 7 TATTOO PARLOR					DATE 9/20/2013	SIGNATURE	
LOCATION 239 S E ST , SAN BERNARDINO, CA 92408					REINSPECTION DATE 10/04/2013	PERMIT EXPIRATION 1/31/2014	
MAILING ADDRESS 239 S E ST , SAN BERNARDINO, CA 92408					<input checked="" type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT REHS Grizelda Reisinger		
FA # FA0011864	PR # PR0000909	SR #	CO #	PE 2502	PROGRAM IDENTIFIER:		
TIME IN 1:10 PM	TIME OUT 3:40 PM	CONTACT			SERVICE: 001 - INSPECTION - ROUTINE		
					RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU		
					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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Process of cleaning, labeling, packaging and sterilizing items appropriate
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Autoclave loaded correctly/packages allowed to dry
4	<input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Invoices and log kept for disposable, pre-sterilized equipment, backup supplies adequate *

Comments:

No invoices available for pre-sterilized, single use instruments. Owner states the supplier does not provide receipts. Ensure all pre-sterilized, single use instruments have proof of purchase.

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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Jewelry, tattoo and piercing equipment - clean and sterilized

Comments:

Danny Brito (piercer) is no longer working at this facility. Piercing instruments and jewelry were still found at facility. Ensure to remove all piercing items. Should new piercer be hired, ensure all items are properly cleaned and sterilized prior to use.

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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Skin adequately prepared for procedure.

Comments:

Observed numerous vaseline jars open to the elements. Vaseline is used to secure the work station and to place on skin during the tattoo process. Ensure to properly close all container to prevent infection.

16	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Client records approved and available - Consent form & questionnaire
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Comments:

Observed consent form and medical questionnaire missing information. Provide and maintain consent form and 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 limited to the following:

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.

On the Questionnaire, ensure to have the missing information as required by AB300, section, 119303 (b)...

Whether the client has a history of herpes infection on the proposed procedure site, allergic reactions to latex or antibiotics, hemophilia, other bleeding disorder, or cardiac valve disease. Also include, a question about "Other risk factors for bloodborne pathogen exposure?"



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BODY ART INSPECTION

17	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Appropriate aftercare instructions given to client
Comments: Provide after care form in compliance with AB 300. Provide missing information as required per AB 300. 119303 (a) (4) Post procedure instructions that include all of the following: Restrictions on gardening, contact with animals and the duration of these restrictions. 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. Signs and symptoms that indicate the need to seek medical attention.		
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Safe machine design
19	<input checked="" type="checkbox"/> IN <input 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 Chemical used:
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 type="checkbox"/> IN <input checked="" 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 *
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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Permit/registration and required signs posted *
Comments: Ceasar Lopez has obtained his registration but was not posted. Ensure Registration is posted in the work station as stated per AB300.		
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: This facility had an exposure prevention plan. Some items for the IPCP were addressed but not all. A blank copy of the IPCP was given to owner to complete and send to inspector within 1 week. Ensure IPCP addresses all requirements as stated in section 119313, including, records of training as required in section 119313. Trainings shall be part of the IPCP and shall be maintained for 3 years and be available for inspection upon request of the enforcement officer.		
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Restrooms available, stocked *
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Plan Review
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Permits Obtained & Available *
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Impoundment
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Hearing Scheduled
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Closure *

Overall Inspection Comments:

An annual inspection of this body art facility was conducted on this date.

This facility has decided to go 100% disposable. Autoclave was found in the dirty room. Promptly remove autoclave. Also observed instruments in a pan in the dirty room and in procedure area drawers. Promptly remove all reusable instruments from facility.

Ensure all drawers in procedure areas are properly labeled as indicated in AB300.

Inspector to return in a few weeks to verify violations have been addressed accordingly.

Attachments:

No Attachments



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Person in Charge: **Gavino Hernandez**

Inspector: **Grizelda Reisinger**

Follow-up:

Yes

No

Follow-up Date: