



**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 FAT'S TATTOO & BODY PIERCING				DATE 9/25/2013	SIGNATURE
LOCATION 15689 BEAR VALLEY RD B, HESPERIA, CA 92345				REINSPECTION DATE 9/25/2014	PERMIT EXPIRATION 6/30/2014
MAILING ADDRESS 13791 BURNING TREE DR, VICTORVILLE CA 92395				REHS Patrick Baccari	
FA # FA0016285	PR # PR0021680	SR #	CO #	PE 2502	PROGRAM IDENTIFIER:
TIME IN 2:27 PM	TIME OUT 4:38 PM	CONTACT		SERVICE: 001 - INSPECTION - ROUTINE RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 01 - NO FURTHER ACTION 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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Autoclave loaded correctly/packages allowed to dry
Comments: Items in autoclave appear to be overloaded. Use proper loading for items placed into autoclave to prevent water marks.		
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 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Appropriate personal protective equipment available and used, eyewash station available *
Comments: Use of gloves, and either apron, bib, or lap pad is required while performing body art.		
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.
16	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Client records approved and available - Consent form & questionnaire
Comments: A description of the procedure. This is vague 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. This is covered A statement regarding the permanent nature of body art. This is covered Medical questionnaire should be separate from consent form. (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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Appropriate aftercare instructions given to client
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:



**COMMUNITY ENVIRONMENTAL HEALTH PROGRAM
BODY ART - OFFICIAL INSPECTION REPORT**

(800) 442-2283

www.sbcounty.gov/dph/dehs

FACILITY NAME FAT'S TATTOO & BODY PIERCING	DATE 9/25/2013	SIGNATURE
LOCATION 15689 BEAR VALLEY RD B, HESPERIA, CA 92345		REHS Patrick Baccari

BODY ART INSPECTION

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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Products applied to skin are single use/dispensed aseptically
Comments: Clear plastic is not a medical bandage. Use appropriate bandages.		
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 *
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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- IPCP and employee training records and Hepatitis B vaccination status present
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 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:

Revise IPCP as described during inspection.

Attachments:

No Attachments

Person in Charge:

Inspector: Patrick Baccari

Follow-up:

Yes

No

Follow-up Date: