



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 KLIKA TATTOO STUDIO				DATE 4/18/2014	SIGNATURE
LOCATION 15055 BEAR VALLEY RD I, HESPERIA, CA 92345				REINSPECTION DATE 5/02/2014	PERMIT EXPIRATION 1/31/2015
MAILING ADDRESS 917 N LEMON ST UNIT 1, ANAHEIM CA 92805				REHS Dior Porter	
FA # FA0027750	PR # PR0036269	SR #	CO #	PE 2502	PROGRAM IDENTIFIER: SERVICE: 001 - INSPECTION - ROUTINE RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU ACTION: 03 - REINSPECTION REQUIRED
TIME IN 1:05 PM	TIME OUT 3:07 PM	CONTACT			

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 type="checkbox"/> IN <input checked="" 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:		
Facility missing requirements as described in section code 119315 (f)(1) and (f)(3): 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, presterilized instruments: (1) A record of purchase and use of all single-use instruments. (3) Written proof on company or laboratory letterhead showing that the presterilized instruments have undergone a sterilization process. Written proof shall clearly identify the instruments sterilized by name or item number and shall identify the lot or batch number of the sterilizer run.		
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
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Skin adequately prepared for procedure.



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BODY ART INSPECTION

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

Comments:

Facility missing requirements as described in section code 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.
- 4) Notice that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and that the health consequences of using these products are unknown.

(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.
- 5) Postprocedure instructions that include all of the following:
 - B. Restrictions on physical activities such as 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

17 IN NA OUT - Appropriate aftercare instructions given to client

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 *

32 IN NA OUT - Permit/registration and required signs posted *

33 IN NA OUT - IPCP and employee training records and Hepatitis B vaccination status present

Comments:

Facility missing training records for IPCP per section code 119313(e) Records of training required pursuant to this section shall be maintained for three years and shall be available for inspection upon request of the enforcement officer.

34 IN NA OUT - Restrooms available, stocked *

35 IN NA OUT - Plan Review

36 IN NA OUT - Permits Obtained & Available *

37 IN NA OUT - Impoundment

38 IN NA OUT - Hearing Scheduled

39 IN NA OUT - Closure *

Overall Inspection Comments:

One practitioner in possession of registration according to an SR0036465. Employee has current BBPT certificate and was given an application for Body Art Practitioner registration.



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Attachments:

No Attachments

Person in Charge:

Inspector: Dior Porter

Follow-up:

Yes

No

Follow-up Date: