



**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 CLASSIC TATTOO STUDIO					DATE 5/2/2014	SIGNATURE 	
LOCATION 1710 W FOOTHILL BL F 1-2, UPLAND, CA 91786					REINSPECTION DATE 5/16/2014	PERMIT EXPIRATION 4/30/2014	
MAILING ADDRESS 1710 W FOOTHILL AV F 1-2, UPLAND CA 91786					REHS Grizelda Reisinger		
FA # FA0000283	PR # PR0012901	SR #	CO #	PE 2502	PROGRAM IDENTIFIER: Hours: M - S 12 pm to 9 pm and closed		
TIME IN 1:40 PM	TIME OUT 4:30 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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Integrators used/monthly spore test/log maintained

Comments:

The autoclave log contained a gap between 6/2013 to present. Autoclave log was current between January- June 2013 but entries were discontinued effective 7/2013. Autoclave log must be kept current. Ensure entries are entered each time the autoclave is run. No spore testing has been conducted since January 2013. Spore testing must be conducted monthly.

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 or logs were available for review. Maintain invoices and logs for pre-sterilized instruments purchased and used for review during inspections.

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

Comments:

Consent form found missing a statement as required by AB1168, on section 119303 (a) (4), "the tattoo ink, pigments and dyes have not been approved by the Federal Food and Drug Administration (FDA) and health consequences of using these products are unknown.

The questionnaire is missing information as required by AB1168, section 119303 (b 2). Add the statement about herpes infection at the proposed procedure site. Also include a statement per (b 3) regarding currently using medication including being prescribed antibiotics prior to dental or surgical procedures and a question about other risk factors for bloodborne pathogen exposure (b 4).

Post procedure instructions found missing information as indicated in AB1168, section 119303. Add statements about restrictions (5B) "recreational water activities", "no animal contact" and "gardening". Also include statements as stated on (5C) about signs and symptoms of infection and add (5D) Signs and symptoms that indicate to seek medical attention.

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:



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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 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 *
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:

Facility permit is expired effective 4/30/2014. Obtain a valid health permit ASAP.

No practitioner registration available for review for 2 artists and 1 piercer at this time. 2 practitioner registrations were found to be expired. Kayle LeoGrande and Josh Wishovich practitioner registrations have expired effective 1/31/2014. Obtain registration within 1 week. Cease and desist the practice of tattooing piercing until registrations have been obtained.

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 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:

Facility permit is expired effective 4/30/2014. Obtain a valid health permit ASAP.

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:

An annual inspection of this body art facility was conducted on this date. During this inspection, the autoclave was run using the class 5 intergrators. Records are not maintained. Spore testing has not been conducted for over a year.

Health permit has expired and practitioner registrations are expired. Obtain permit and registrations as required. Artists shall cease and desist the practice of all body art activities until the required health permit and registrations are obtained. Obtain the necessary documents immediately.

Inspector will conduct a reinspection on or before 6/6/2014 to check on sporetesting, log records and other violations.

Attachments:

No Attachments

Person in Charge:

Inspector: Grizelda Reisinger

Follow-up:

Yes

No

Follow-up Date: