



**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](http://www.sbcounty.gov/dph/dehs)

FACILITY NAME <b>REDRUM TATTOO</b>				DATE <b>6/16/2014</b>	SIGNATURE <i>RSA Br</i>
LOCATION <b>16138 MAIN ST, HESPERIA, CA 92345</b>				REINSPECTION DATE <b>6/16/2015</b>	PERMIT EXPIRATION <b>3/31/2015</b>
MAILING ADDRESS <b>16138 MAIN ST, HESPERIA CA 92345</b>				REHS <b>Diana Almond</b>	
FA # <b>FA0013663</b>	PR # <b>PR0018085</b>	SR #	CO #	PE <b>2502</b>	PROGRAM IDENTIFIER: SERVICE: 001 - INSPECTION - ROUTINE RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 01 - NO FURTHER ACTION REQUIRED
TIME IN <b>11:48 AM</b>	TIME OUT <b>1:15 PM</b>	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 checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Autoclave effective - passed integrator test
2	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Process of cleaning, labeling, packaging and sterilizing items appropriate
<b>Comments:</b> Observed packages containing sterilized equipment not properly labeled. Provide required labels. 119315 (a) The outside of the pack shall be labeled with the name of the instrument, the date sterilized, and the initials of the person operating the sterilizing equipment.	
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
<b>Comments:</b> No spore test results observed. All sterilizer shall be spore tested at least monthly to assure that all spores have been destroyed.	
5	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Decontamination/sanitation area separate and supplied appropriately *
<b>Comments:</b> Observed the counter under the autoclave to be rusted and wet. Ensure the autoclave is working properly and the decontamination area is maintained in good condition at all time to prevent any cross contamination.	
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 *
<b>Comments:</b> Observed missing written proof on company or laboratory letterhead showing that the pre-sterilized 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. The operator shall obtain and maintain a written proof showing that the pre-sterilized instruments have undergone a sterilization process.	
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
<b>Comments:</b> Section 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. 3) A statement regarding the permanent nature of body art. 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.	
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



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FACILITY NAME <b>REDRUM TATTOO</b>	DATE 6/16/2014	SIGNATURE <i>[Signature]</i>
LOCATION 16138 MAIN ST , HESPERIA, CA 92345		REHS Diana Almond

**BODY ART INSPECTION**

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 <span style="float: right;">Chemical used:</span>
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:**

A person shall not perform body art if he or she is not registered with the local enforcement agency. Observed Rob Arias without a valid San Bernardino County Body Art Registration. Immediately cease performing body art until valid Body Art Registration is obtained. For more information on how to obtain a Body Art Registration please visit our Website at [www.sbcounty.gov/dehs](http://www.sbcounty.gov/dehs).

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 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:**

No Overall Inspection Comments

**Attachments:**

No Attachments

Person in Charge:

Inspector: Diana Almond

Follow-up:

Yes

No

Follow-up Date: