



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 EUPHORIA TATTOO				DATE 6/26/2014	SIGNATURE
LOCATION 14070 HESPERIA RD 201, VICTORVILLE, CA 92395				REINSPECTION DATE 7/15/2014	PERMIT EXPIRATION 1/31/2016
MAILING ADDRESS 14070 HESPERIA RD STE 201, VICTORVILLE CA 92395				REHS Jose Rodriguez	
FA # FA0027757	PR # PR0036278	SR #	CO #	PE 2502	PROGRAM IDENTIFIER:
TIME IN 2:05 PM	TIME OUT 3:07 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 IN NA OUT - Autoclave effective - passed integrator test

Comments:

Unable to perform an integrator test at time of inspection because facility had just put the instruments for sterilization about 10 minutes prior.
 Have scheduled a re-inspection and will conduct integrator test then.

2 IN NA OUT - Process of cleaning, labeling, packaging and sterilizing items appropriate

Comments:

Observed missing labels on equipment being sterilized. No dates or batch numbers observed on the sterilized packages after coming out of the autoclave.
 Ensure that facility labels instruments appropriately to indicate when they were sterilized.

119315. A body art facility shall conform to the following sterilization procedures:

(a) Clean instruments to be sterilized shall first be sealed in sterilization packaging that contain either a sterilizer indicator or process indicator, unless instruments are being processed for immediate use. The outside of the pack shall be labeled with the name of the instrument if not immediately identifiable, the date sterilized, and the initials of the person operating the sterilizing equipment unless instruments are being sterilized for immediate use.

Observed an instrument in the package (after being sterilized) to be wet and air drying in the sterilization room. Ensure that instrument bag is replaced and put back into the autoclave for proper sterilization.

119309 (h) Sterile instrument packs shall be evaluated before use, and if the integrity of a pack is compromised in any way, including, but not limited to, being torn, punctured, wet, or having evidence of potential moisture contamination, the instrument pack shall be discarded or reprocessed before use.

3 IN NA OUT - Autoclave loaded correctly/packages allowed to dry

4 IN NA OUT - Integrators used/monthly spore test/log maintained

Comments:

Observed log for class V integrators to be incomplete. Observed log book only identifying the month of May and nothing for the month of April or June. Ensure that integrators are used daily before a batch of instruments is placed in the autoclave.
 Ensure that log is kept in compliance and that facility uses class V integrators accordingly.

Continue sending spore tests to the lab on a monthly basis. Observed records for the last 2 months that facility has been open.
 Spore tests results obtained on 05/27/14 and passed.

5 IN NA OUT - Decontamination/sanitation area separate and supplied appropriately *

6 IN NA OUT - Invoices and log kept for disposable, pre-sterilized equipment, backup supplies adequate *

7 IN NA OUT - Sharps containers supplied, labeled, used and disposed of appropriately *

8 IN NA OUT - Jewelry, tattoo and piercing equipment - clean and sterilized

9 IN NA OUT - No eating, drinking or smoking - clean clothes

10 IN NA OUT - Hands washed effectively and timely

11 IN NA OUT - Handwashing facilities properly supplied and accessible, warm potable water *

Comments:

Observed no soap in the dispenser of the sink in the procedure area. Ensure that handwash sinks are adequately stocked at all times.



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BODY ART INSPECTION

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:

Provide approved medical questionnaire. Observed missing from records given to the clients. Ensure that the following information is clearly stated for client medical questionnaire: 119303.

(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.

(c) All information gathered from the client that is personal medical information and that is subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) or similar state laws shall be maintained or disposed of in compliance with those provisions.

17	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Appropriate aftercare instructions given to client
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Comments:

Observed a statement regarding restrictions on gardening missing on the aftercare instructions given to the client. Ensure that aftercare instructions have the following information: 119303.

- 5) Postprocedure instructions that include all of the following:
 - A. Information on the care of the procedure site.
 - B. Restrictions on physical activities such as bathing, recreational water activities, 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.

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 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



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BODY ART INSPECTION

36 IN NA OUT - Permits Obtained & Available *

Comments:

Observed one body art registration for an artist on site to be expired. Ensure that Richard Alvarez obtains a renewal for his body art registration with San Bernardino County within 72 hours.

37 IN NA OUT - Impoundment

38 IN NA OUT - Hearing Scheduled

39 IN NA OUT - Closure *

Overall Inspection Comments:

A re-inspection is required at this facility on or after 07/15/14 to determine compliance with above mentioned violations. Failure to correct violations will result in further re-inspections charged at \$122.50 per 30 minutes.

Attachments:

No Attachments

Person in Charge:

Inspector: Jose Rodriguez

Follow-up:

Yes

No

Follow-up Date: