



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<br><b>BLACK ANCHOR COLLECTIVE</b>                |                            |         |      |                   | DATE<br><b>6/27/2014</b>   | SIGNATURE                             |  |
| LOCATION<br><b>13567 MAIN ST., HESPERIA, CA 92345</b>          |                            |         |      |                   | REINSPECTION DATE<br><b>7/11/2014</b>  | PERMIT EXPIRATION<br><b>5/30/2014</b> |  |
| MAILING ADDRESS<br><b>13567 1/2 MAIN ST, HESPERIA CA 92345</b> |                            |         |      |                   | <input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT<br>REHS<br><b>Dior Porter</b> |                                       |  |
| FA #<br><b>FA0026946</b>                                       | PR #<br><b>PR0035270</b>   | SR #    | CO # | PE<br><b>2502</b> | PROGRAM IDENTIFIER:  |                                       |  |
| TIME IN<br><b>1:20 PM</b>                                      | TIME OUT<br><b>2:40 PM</b> | CONTACT |      |                   | SERVICE: 001 - INSPECTION - ROUTINE<br>RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU<br>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 type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT   - Autoclave effective - passed integrator test   |
| <b>Comments:</b><br>Facility utilizes only pre-sterilized equipment.  |  |
| 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><br>Observed tubes inside of sterilization packages without labels at one station. Unable to determine if equipment was sterilized. Discontinue use of multi-use equipment that has not been properly sterilized.   |  |
| 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 * |
| <b>Comments:</b><br>Observed missing records for used disposable equipment and missing letter stating pre-sterilized equipment has been sterilized.   |  |
| <p>A body art facility that does not afford access to a decontamination and sterilization area that meets the standards of subdivision (c) of Section 119314 or that does not have sterilization equipment shall use only purchased disposable, single-use, presterilized instruments. 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:</p> <p>(1) A record of purchase and use of all single-use instruments.<br/>         (2) A log of all procedures, including the names of the practitioner and client and the date of the procedure.<br/>         (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</p> |  |
| 7   | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT   - Sharps containers supplied, labeled, used and disposed of appropriately *                  |
| <b>Comments:</b><br>Observed overfilled sharps containers at 2 stations. Employee unaware of where the records for sharps disposal were kept. Provide proof of an approved hauler/disposal method for sharps waste immediately. Ensure full sharps containers are properly disposed of.   |  |
| <p>All sharps waste produced during the process of tattooing, body piercing, or the application of permanent cosmetics shall be disposed by either of the following methods:</p> <p>(A) Removal and disposal by a licensed waste hauler. Materials shall be disposed of at a licensed treatment facility or removed and transported through a mail-back system authorized by the State Department of Public Health.<br/>         (B) As solid waste, after being disinfected by a method approved by the department pursuant to paragraph (3) of subdivision (a) of Section 118215.<br/>         (4) Documentation of proper disposal of sharps waste shall be maintained for three years and shall be available for inspection at the request of the enforcement officer.</p>  |  |
| 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  |



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| LOCATION<br><b>13567 MAIN ST , HESPERIA, CA 92345</b> | REHS<br><b>Dior Porter</b> |           |

**BODY ART INSPECTION**

|  |   |
|--|---|
| 11   | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Handwashing facilities properly supplied and accessible, warm potable water *             |
| <b>Comments:</b><br>Observed lack of warm water at the handwash sink in the restroom. Provide warm water to all sinks at all times. Note: Sinks in the body art procedure areas were equipped with warm 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 forms were not completely filled out and were missing required information.

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

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.

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

**Comments:**  
No aftercare form was observed. Provide an approved aftercare form per AB1168.  
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.

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| 18 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Safe machine design  |
| 19 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT - Machines cleaned and disinfected between clients   |
| 20 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT - Parts replaced between clients - grommets, elastic bands, etc.                                     |
| 21 | <input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT - Jewelry, Inks, Needles etc approved and used correctly   |
| 28 | <input type="checkbox"/> IN <input checked="" 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 * |



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| 32 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Permit/registration and required signs posted * |
|----|---|

**Comments:**

5 practitioners (Jamie Schene, Matt Hurtado, Nicholas Hurtado, Carlos Rojas) were missing/had expired body art practitioner registrations. The only practitioner present at the time of inspection was Aric John Taylor. He provided an application and payment by money order at time of inspection. Applicant began blood borne pathogen training while on site and is to submit a copy of their certificate prior to 5:00pm. All body art practitioners without current registration must cease and desist services until registration is obtained. Any one missing practitioner registration may result in permit suspension of the facility.

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| 33 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - IPCP and employee training records and Hepatitis B vaccination status present |
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**Comments:**

Missing Infection Prevention Control Plan (IPCP) Provide a IPCP in compliance with AB1168.

a) A body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established by the practitioners, specifying the procedures to achieve compliance with each applicable requirement of this chapter.

(b) The Infection Prevention and Control Plan shall include all of the following:

- (1) Procedures for cleaning and decontaminating environmental surfaces.
- (2) Procedures for cleaning, decontaminating, packaging, sterilizing, and storing reusable instruments.
- (3) Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage.
- (4) A setup and teardown procedure for any form of body art performed at the body art facility.
- (5) Techniques to prevent the contamination of instruments or the procedure site during the performance of body art.
- (6) Procedures for safe handling and disposal of sharps waste.

(c) The Infection Prevention and Control Plan shall be revised when changes are made in infection prevention practices, procedures, or tasks.

(d) Onsite training on the facility's Infection Prevention and Control Plan shall take place when tasks where occupational exposure may occur are initially assigned, any time there are changes in the procedures or tasks, and when new technology is adopted for use in the facility, but not less than once each year.

(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.

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| 34 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Restrooms available, stocked * |
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| 35 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Plan Review |
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| 36 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT - Permits Obtained & Available * |
|----|--|

**Comments:**

Facility permit expired. Payment in full is required within 72 hours to renew the health permit. To avoid financial penalties, payment must be made prior to June 30th, 2014. Failure to comply will result in permit suspension.

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| 37 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Impoundment |
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| 38 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Hearing Scheduled |
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| 39 | <input type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT - Closure * |
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**Overall Inspection Comments:**

Failure to correct the noted violations will result in additional charged re-inspection until compliance is reached.

**Attachments:**

No Attachments

**Person in Charge:**

Inspector: Dior Porter

Follow-up:

Yes

No

Follow-up Date: