



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

FACILITY NAME LUCKY 7 TATTOO PARLOR				DATE 11/19/2014	SIGNATURE
LOCATION 239 S E ST, SAN BERNARDINO, CA 92408				REINSPECTION DATE 11/19/2015	PERMIT EXPIRATION 1/31/2015
MAILING ADDRESS 239 S E ST, SAN BERNARDINO, CA 92408				REHS Juan Espinoza	
FA # FA0011864	PR # PR0000909	SR #	CO #	PE 2502	PROGRAM IDENTIFIER: SERVICE: 001 - INSPECTION - ROUTINE
TIME IN 1:19 PM	TIME OUT 4:18 PM	CONTACT		RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 01 - NO FURTHER ACTION 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
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:

Section 119315 (f) (3) requires a 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. No written proof observed.

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:

Section 119303 (a) (4) requires a Notice on the consent form stating 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. No Notice observed.

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 after care form missing Section 119303 (a) (5) (C)-the 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; and Section 119303 (a) (5) (D)- signs and symptoms that indicate the need to seek medical care. Provide required information to the after care form.

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



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BODY ART INSPECTION

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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Floors and walls clean and in good repair, adequate light *

Comments:

With the exception of a temporary demonstration booth, as specified in Sections 119317 and 119318, a body art facility shall have floors and walls that are smooth, nonabsorbent, free of open holes, and washable [Section 119314 (a) (2)]. Observed walls and ceiling in the storage room with open holes and not being smooth. Provide repairs.

31	<input type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Workstation, surfaces, including chairs, armrests, etc. in good repair; trash removed frequently *
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Comments:

Observed one chair having a deteriorated cover in one of the work's stations. Replace or provide repairs.

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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Restrooms available, stocked *

Comments:

No paper towel dispenser in restroom observed. Section 119314 (a) (5) requires adequate toilet facilities, in accordance with the specifications of the State Building Standards Code, local building standard codes, and any other local ordinance. The sink shall be supplied with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser. Provide the required paper towel dispenser to restroom.

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:

Observed two body art practitioners (Cesar Lopez and Jason Klinge) not having the certificate of registration and practicing at this body art facility. A person shall not perform body art if he or she is not registered with the local enforcement agency [Section 119306 (b)]. Therefore, Cesar Lopez and Jason Klinge are not allowed to provide services as body art practitioner in the County of San Bernardino.

37	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Impoundment
38	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Hearing Scheduled
39	<input type="checkbox"/> IN <input checked="" type="checkbox"/> NA <input type="checkbox"/> OUT	- Closure *

Overall Inspection Comments:

No Overall Inspection Comments

Attachments:

No Attachments

Person in Charge:

Inspector: Juan Espinoza

Follow-up:

Yes

No

Follow-up Date: