



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

(800) 442-2283

FACILITY NAME <b>CALIFORNIA ST TATTOO</b>				DATE <b>12/1/2014</b>	SIGNATURE
LOCATION <b>12764 CALIFORNIA ST., YUCAIPA, CA 92399</b>				REINSPECTION DATE <b>12/01/2015</b>	PERMIT EXPIRATION <b>8/31/2015</b>
MAILING ADDRESS <b>1103 CLARK ST, RIVERSIDE CA 92501</b>				REHS <b>Grizelda Reisinger</b>	
FA # <b>FA0027380</b>	PR # <b>PR0035810</b>	SR #	CO #	PE <b>2502</b>	PROGRAM IDENTIFIER:
TIME IN <b>1:13 PM</b>	TIME OUT <b>2:35 PM</b>	CONTACT		SERVICE: 001 - INSPECTION - ROUTINE 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:**

No invoices/proof of purchase of pre-sterilized instruments were available for review. Maintain invoices/ proof for all pre-sterilized instruments purchased and used for review during inspections. Record of purchase and use of all single use instruments and log of procedures including the names of the practitioner and client and the date of the procedure shall be kept on site for a minimum of 90 days following the use of the instruments, per section, 119315, (f).

7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> NA <input type="checkbox"/> OUT	- Sharps containers supplied, labeled, used and disposed of appropriately *
---	---	---

**Comments:**

Proof of contract with Med Pro Disposal was sent to inspector via email. Maintain records of collections and contact on site of review during inspection.

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:**

Observed a consent form accepted without the questionnaire having been completed. All clients must complete the entire consent and questionnaires prior to having the procedure done.

The consent form was found missing the description of the procedure as required in section 119303 (1). The description can be a statement such as "Left arm- dragon design". Provide a description on all future consent forms.

Also, on the consent form, missing the statement "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", as required by AB1168, on 119303 (a) (4).

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 <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:



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

**(800) 442-2283**

FACILITY NAME <b>CALIFORNIA ST TATTOO</b>	DATE <b>12/1/2014</b>	SIGNATURE
LOCATION <b>12764 CALIFORNIA ST , YUCAIPA, CA 92399</b>	REHS <b>Grizelda Reisinger</b>	

**BODY ART INSPECTION**

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 type="checkbox"/> IN <input type="checkbox"/> NA <input checked="" type="checkbox"/> OUT	- Storage of inks, pigments, needles, tubes, etc.

**Comments:**

In Ryan Riley's station, Some multi-use instruments were found in the drawers. Since this facility has no autoclave on site, any multi-use instruments must be removed from the work station/facility.

Black inks were observed in a shelf. Ensure all inks are protected from potential dust contamination.

In Ryan Riley's work station, observed items being stored on top of the sharps container. Discontinue storing items on top of sharps containers to prevent potential blood contamination of items and self.

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:**

Ryan Riley does not currently have a Practitioner Registration. This individual is not authorized to practice body art at this time. Ensure this individual does not perform body art at any facility in San Bernardino County. Obtain a Practitioner Registration ASAP.

Mike Morales did not have his Practitioner Registration posted in his station. Mike Morales is current with his registration. Ensure it is posted at his work station for review during inspection.

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
----	---	---

**Comments:**

The IPCP still contains body piercing information. Remove any procedural information. IPCP shall be revised and updated each time changes are made in infection prevention practices, procedures, or tasks.

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

**Comments:**

Hand sinks in restroom and in work stations were lacking paper towels. Ensure all sinks are properly stocked with single-use paper towels. Facility IPCP mentions the use of aprons, however, staff mentioned there no aprons are used when performing body art.

35	<input type="checkbox"/> IN <input checked="" 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 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:**

An annual inspection of this body art facility was conducted on this date.

This facility is 100% disposable. No piercing is conducted at this facility, only tattooing. Ensure any reusable instruments are removed from facility.

There are 4 artists. 3 are registered, 1 is not. Unregistered practitioner shall refrain from performing body art until Practitioner registration has been obtained. Obtain within 1 week.

Should you have additional questions please do not hesitate to contact Grizelda Reisinger in the Body Art Program at 909-322-8384 or via email at [Grizelda.reisinger@dph.sbcounty.gov](mailto:Grizelda.reisinger@dph.sbcounty.gov)

**Attachments:**

No Attachments



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

(800) 442-2283

FACILITY NAME CALIFORNIA ST TATTOO	DATE 12/1/2014	SIGNATURE
LOCATION 12764 CALIFORNIA ST , YUCAIPA, CA 92399		REHS Grizelda Reisinger

---

Person in Charge: Zakariah Cross

Inspector: Grizelda Reisinger

Follow-up:

Yes

No

Follow-up Date: