



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>POR VIDA</b>				DATE <b>12/10/2014</b>	SIGNATURE	
LOCATION <b>1964 W 9TH ST B, UPLAND, CA 91786</b>				REINSPECTION DATE <b>12/24/2014</b>	PERMIT EXPIRATION <b>5/31/2014</b>	
MAILING ADDRESS <b>1964 W 9TH ST STE B, UPLAND CA 91744</b>				REHS <b>Grizelda Reisinger</b>		
FA # <b>FA0013799</b>	PR # <b>PR0018255</b>	SR #	CO #	PE <b>2502</b>	PROGRAM IDENTIFIER:	
TIME IN <b>1:35 PM</b>	TIME OUT <b>3:30 PM</b>	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	<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 or logs were available for review. Maintain invoices and logs for purchased pre-sterilized instruments and retain 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 *
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
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:**

On the consent and liability waiver form, provide the missing statement as required by AB1168, on 119303 (a) (4), '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.

Also add the statement "seek medical attention", on the consent form where the form states the signs and symptoms.

Also indicate a time or duration for the restrictions or simply add "until healed" for the duration of the restrictions.

On the medical consent and liability waiver, simply add "other Bloodborne Pathogen Exposure"

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:
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



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LOCATION 1964 W 9TH ST B, UPLAND, CA 91786	REHS Grizelda Reisinger	

**BODY ART INSPECTION**

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:**

All four artist currently hold expired practioner registrations.  
 Greg Spellman may no longer be working there.  
 Antonio Salgado is the owner and was out of town. Unable to verify registration status.  
 Clarens Monroy expired 6/19/2014  
 Chris Magana expired 6/30/2014  
 Artist were given one week (until 12/17/14) to obtain their artist registration or be suspended.

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

No IPCP was available for review. Maintain the IPCP on site for review during inspection.

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

An annual inspection for this body art facility was conducted on this date. This facility does tattoo work only. No branding or piercing is conducted here. This facility is 100% disposable. Any autoclaves previously used at this facility have been removed. Please remove any multi-use instruments currently in the facility.  
 There are currently 4 artist working at this facility. Antonio Salgado, Clerens Monroy, Chris Magana and Greg Spellman. Greg Spellman may not be working at this facility any longer.

Antonio Salgado, Clerens Monroy and Chris Magana have expired practitioner registrations. One week was given (12/17/14) to obtain their practitioner registrations.

No tattoo work was observed during this inspection. No Infection Prevention Control Plan (IPCP) was reviewed onsite.

This facility will have a new employee. Employee is not yet registered with SB County as a practitioner. Ensure the new hire is Registered as a Practitioner prior to conducting body art activities.

**Attachments:**

No Attachments

Person in Charge: Clarens Monroy

Inspector: Grizelda Reisinger

Follow-up:  Yes  No Follow-up Date: