



**Public Health**  
Environmental Health Services

**BODY ART - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>KILLER TATTOOS</b>		DATE <b>8/17/2016</b>	REINSPECTION <b>Next Routine</b>	PERMIT <b>8/31/2016</b>
LOCATION <b>4027 HOLT BL , MONTCLAIR, CA 91763</b>			INSPECTOR <b>Mahdiyeh Kargar</b>	
MAILING ADDRESS <b>761 WILLIAM ST, POMONA CA 91768</b>			IDENTIFIER: SERVICE: 001 - INSPECTION - ROUTINE RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED ACTION: 01 - NO FURTHER ACTION REQUIRED	
TIME IN <b>4:46 PM</b>	TIME OUT <b>5:26 PM</b>	FACILITY ID <b>FA0026245</b>	RELATED ID <b>PR0034450</b>	PE <b>2502</b>

**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. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$4.08 per 1 minute with a minimum time of 30 minutes, and a minimum charge of \$122.50.

**SCORE**  
**97**

Administrative Order to Show Cause (OSC): 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; otherwise the right to a hearing shall be deemed waived.

**BODY ART INSPECTION**

1	119315(b)(1)(2)(3) - Autoclave effective - passed integrator test
2	119309(e-g),315(a)(c-d) - Process of cleaning, labeling, packaging and sterliziing items appropriate
3	119315(b)(e) - Autoclave loaded correctly/packages allowed to dry
4	119315(b)(2-5) - Integrators used/monthly spore test/log maintained
5	119314(c)(1)(2) - Decontamination/sanitation area separate and supplied appropriately *
6	119315(f)(1-3), 119318(c) - Invoices and log kept for disposable, pre-sterilized equipment, backup supplies adequate *

<b>POINTS</b> <b>3</b>	<b>Inspector Comments:</b>
	Observed a record of purchase and use of all single-use instrument not present on-site. Observed written proof for pre- sterilization of disposal items not available on-site. Obtain letter from disposal items supplier company according to code. Ensure written proof must be provided on company or laboratory's letterhead.

**Violation Description:**

119315 (f) 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:

- (1) A record of purchase and use of all single-use instruments.
- (2) A log of all procedures, including the names of the practitioner and client and the date of the procedure.A record of purchase and use of all single-use instruments. A log of all procedures, including the names of the practitioner and client and the date of the procedure.
- (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.

119318 (c) The sponsor of a temporary body art event shall be responsible for ensuring the availability of support facilities and supplies for practitioners and vendors.

7	119311 (g), 119314 (e) - Sharps containers supplied, labeled, used and disposed of appropriately *
8	119310(a-c);311(f);315d,e - Jewelry, tattoo and piercing equipment - clean and sterilized
9	119309(i);119308 (a)(2) - No eating, drinking or smoking - clean clothes
10	119301(m)(1-2);308(a)1,4 - Hands washed effectively and timely
11	119314(b-c);317(g);318(b) - Handwashing facilities properly supplied and accessible, warm potable water *
12	119308(a)(2-4);119309(d) - Appropriate personal protective equipment available and used, eyewash station available *
13	119309(j) - Branding is completed with no other customers in procedure area
14	119302(a-d) - Customers eighteen (18) years of age or older
15	119308(a)(5)(6) - Skin adequately prepared for procedure.
16	119303(a)(1-5),(b)(1-4) - Client records approved and available - Consent form & questionnaire
17	119308(b)(1)(2) - Appropriate aftercare instructions given to client
18	119311(i) - Safe machine design
19	119308(b)(6),309(e)311(h) - Machines cleaned and disinfected between clients



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**BODY ART INSPECTION**

20	119311(g) - Parts replaced between clients - grommets, elastic bands, etc.
21	119309(a-c) - Workstation/procedure area decontaminated
22	119301(k) - Appropriate chemical disinfectant used
23	119301(b) - Disinfectant used appropriately/sufficient contact time Wet contact time provided:
24	119311(h) - Barriers available and used appropriately *
25	119311(a)(c)(d) - Products applied to skin are single use/dispensed aseptically
26	119309(h);119315(d)(e) - Storage of inks, pigments, needles, tubes, etc.
27	119310(b);119311 - Jewelry, Inks, Needles etc approved and used correctly
28	119308(a-b);119309;119311 - Cross-contamination avoided during all phases of procedure
29	119314(a)(f), 119317(b) - Areas separated/no living or sleeping quarters/no animals *
30	119314(a)(1);119317(e) - Floors and walls clean and in good repair, adequate light *
31	119309(b);119318(b)(5) - Workstation, surfaces, including chairs, armrests, etc. in good repair; trash removed frequently *
32	119306;312(g);318(d,e) - Permit/registration and required signs posted *
33	119306, 119307, 119318 - IPCP and employee training records and Hepatitiis B vaccination status present
34	119316(4);119318(b)(2) - Restrooms available, stocked *
35	119314(e,f,h) - Plan Review
36	119306; 312; 317; 318 - Permits Obtained & Available *
37	119319(c) - Impoundment
38	119320(d) - Hearing Scheduled
39	119320(a-c);119321 - Closure *

**Overall Inspection Comments:**

**Signature(s) of Acknowledgement**

NAME:  
 TITLE:

Total # of Images: 0