

BODY ART FACILITY INSPECTION FORM

SHIAWASSEE COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH SERVICES
110 E. MACK STREET – CORUNNA, MI 48817
(989) 743-2355 FAX (989) 743-2362



Facility Name _____

Date of Inspection _____

Owner Name _____

Last Inspection Date _____

Facility Address _____

Telephone _____

City _____ Zip Code _____

Manager _____

License Number: _____ Routine-Inspection Follow-Up Temporary Mobile Complaint Investigation

RECORD KEEPING REQUIRED

- | | |
|---|--|
| <input type="checkbox"/> License posted | <input type="checkbox"/> Aftercare instructions: Approved, present, signed by both parties |
| <input type="checkbox"/> Client identification: Information complete; proof of age/consent letter | <input type="checkbox"/> Record retention: 3 years |
| <input type="checkbox"/> Pre-procedure information: Approved, present; signed by client | <input type="checkbox"/> Spore test results: Acceptable, frequency; retained |
| <input type="checkbox"/> Medical screening questionnaire: Present, complete, signed by both parties | <input type="checkbox"/> Autoclave / dry heat sterilizer manufacturer instructions |
| <input type="checkbox"/> Procedure description: Present, complete | <input type="checkbox"/> Proof of practitioner(s) Hepatitis B immunization |

SANITATION PROCEDURES

- | | |
|---|--|
| <input type="checkbox"/> Single service articles: Available, used, disposal | <input type="checkbox"/> Proper hygienic practices: Handwashing, clean clothing |
| <input type="checkbox"/> Multi-use articles: Washed, sterilized, dated | <input type="checkbox"/> Autoclave / dry heat sterilizer: Approved, present, functioning, maintained |
| <input type="checkbox"/> Handling of sterilized articles | <input type="checkbox"/> Inks, dyes, and pigments: Approved properly used |
| <input type="checkbox"/> Biohazardous waste: Approved containers, labeled, removed regularly, licensed hauler
Hauler Name: _____ | <input type="checkbox"/> Stencils: Properly used |
| | <input type="checkbox"/> Chemical containers properly labeled |

STANDARDS FOR PREMISES

- | | |
|--|--|
| <input type="checkbox"/> Single service articles: Storage | <input type="checkbox"/> Working spaces: Sufficient area, separated |
| <input type="checkbox"/> Multi-use articles: Storage | <input type="checkbox"/> Curtains: Clean, maintained |
| <input type="checkbox"/> Cloth items: Laundering; storage of clean and soiled | <input type="checkbox"/> Procedure area: Separated from all other activities |
| <input type="checkbox"/> Water supply: Source, hot and cold, sufficient pressure | <input type="checkbox"/> Floors, walls, and ceilings: Construction, good repair, clean, outer openings protected |
| <input type="checkbox"/> Handwash/restroom facilities: Designed, installed; antimicrobial soap and paper towels supplied | <input type="checkbox"/> Ventilation system adequate |
| <input type="checkbox"/> Instrument washing sinks: Designed, installed | <input type="checkbox"/> Lighting adequate |
| <input type="checkbox"/> Premises free of pests and animals | <input type="checkbox"/> Waste receptacles: Covered, clean, available |
| <input type="checkbox"/> Procedure surfaces: Construction, good repair, clean sanitized | <input type="checkbox"/> Cross connection protection on the autoclave (if applicable) |
| | <input type="checkbox"/> Other _____ |

Comments: _____

X- Non-Compliance

RECEIVED BY (NAME AND TITLE):

INSPECTED BY (NAME AND TITLE):