

Type of Establishment: Permanent _____ Mobile _____ Temporary _____	<b>Tattoo Establishment Inspection Report</b>	Inspector County of Employment _____
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<b>Establishment:</b> Name: _____ Owner: _____ Address: _____ City/State/Zip: _____ Phone Number: _____	<b>Inspection:</b> Date: _____ Time: _____ Length: _____ Date of Re-Inspection: _____ Permit No.: _____
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Status:  indicates non-compliance      **OK** is compliant      **NA** is not applicable to the establishment

<b>Permanent Establishments</b> Complete Sections A-E <b>A. Permit Requirements</b> 1. Establishment permit is current 641-22.8(1)..... (a)____ 2. Establishment permit is posted in a conspicuous location 641-22.8(3)..... (b)____ 3. Each artist's permit is current 641-22.3(3)..... (c)____ 4. Each artist's permit is posted in a conspicuous location 641-22.9(8)..... (d)____  <b>B. Sanitation and Infection Control</b> 1. Tables, chairs and other equipment are impervious or smooth and easily cleanable 641-22.4(1)..... (a)____ 2. Sink for hand washing 641-22.4(2)..... (b)____ i. Hot and Cold running water..... (c)____ ii. Soap..... (d)____ iii. Paper towels or hand dryer..... (e)____ 3. Toilet facilities available 641-22.4(3)..... (f)____ 4. Condition of the establishment 641-22.4(4) i. is at least 300 square feet..... (g)____ ii. is adequately lighted..... (h)____ iii. is adequately ventilated..... (i)____ 5. Floors are impervious, smooth and washable 641-22.4(5)..... (j)____ 6. Entire premises are 641-22.4(6) i. Clean and Sanitary..... (k)____ ii. Vermin free..... (l)____ iii. In Good repair..... (m)____ 7. Refuse is stored 641-22.4(7) i. In rigid containers..... (n)____ ii. Plastic liners..... (o)____ iii. Emptied each business day..... (p)____ 8. All equipment are stored in closed cabinets 641-22.4(8)..... (q)____ 9. Absence of 641-22.4(9) i. Smokefree Air Act violations..... (r)____ ii. Food..... (s)____ iii. Drink..... (t)____ iv. Controlled substance..... (u)____  <b>C. Tattoo Equipment</b> 1. Ink Cups are single use 641-22.5(1)..... (a)____ 2. All items used during the tattoo process are single use, OR are compliant with 2a-e. 641-22.5(3)..... (b)____ a. All tubes and needle bars which are not sterile, not single patron use, and not disposable are being physically cleaned with a detergent and sterilized 641-22.5..... (c)____ b. Steam sterilization is at 250 degrees F for 15 minutes at a minimum of 15 psi 641-22.5(4)..... (d)____ c. Dry-heat sterilization is at 350 degrees F for one hour 641-22.5(5)..... (e)____ d. Instruments for sterilization are in closed pouches and sterilized on-site and dated, bags replaced and re-dated after 30 days 641-22.5(6)..... (f)____ e. Sterilizers monitored monthly Bacillus subtilis spores 641-22.5(7)..... (g)____ 3. Sterilizer records kept for 3 years 641-22.5(7)..... (h)____ 4. Written procedures in place for positive spore test 641-22.5(8)..... (i)____	<b>(Tattoo Equipment Continued)</b> 5. Sharps 641-22.5(9) i. Container is present..... (j)____ ii. Written plan available for disposal..... (k)____ 6. All solutions are labeled 641-22.5(10)..... (l)____ 7. Razors are 641-22.5(11) i. Single patron use..... (m)____ ii. Disposable..... (n)____ 8. If electric razors or clippers used they are compliant with 8a-b a. Cleaned with a brush 641-22.5(11)..... (o)____ b. Cleaned with fungicidal/tuberculocidal disinfectant spray 641-22.5(11)..... (p)____ 9. Topical ointments are single use 641-22.5(12)..... (q)____  <b>D. Procedures</b> 1. Standard Operating Procedures (SOPs) are available and include:..... (a)____ i. Process of set up and tear down 641-22.6(1)..... (b)____ ii. Hygiene Procedures 641-22.6(1)..... (c)____ iii. Cross-contamination control 641-22.6(1)..... (d)____ 2. Privacy panel or barrier is available 641-22.6(2)..... (e)____ i. is of sufficient height and width 641-22.6(2)..... (f)____ ii. Is nontransparent 641-22.6(2)..... (f)____ 3. Tattoo artist uses proper hand washing and drying procedures 641-22.6(3)..... (g)____ 4. Tattoo artist is wearing clean clothing and gloves 641-22.6(4)..... (h)____ 5. Barrier films covering: 641-22.6(5) i. Machine heads, Clip cords, Spray bottles, Seat adjustment controls, Power control dials/buttons, Work lamps..... (i)____ ii. Other objects gloved hands may come in contact with..... (j)____ In the following areas where applicable, indicate whether <b>observed [O]</b> or <b>not observed [NO]</b> . 6. a. Skin cleaned with soap and paper towels 641-22.6(6)..... (k)____ b. Skin prepped with 70% alcohol or antiseptic or antimicrobial 641-22.6(7)..... (l)____ c. Tattooing on non-infected skin 641-22.6(8)..... (m)____ 7. Adequate dressing applied after the tattoo completion 641-22.6(9)..... (n)____ 8. Printed instructions are provided to the person tattooed regarding 641-22.6(10)..... (o)____ i. Tattoo care during the healing process..... (p)____ ii. Instructions to call a physician if signs or symptoms of infection..... (q)____ (If Not Observed, the inspector should obtain a copy of the printed instructions) 9. Acceptable surface disinfectant sprayed over the work area during the clean-up procedure after the tattoo is finished 641-22.6(11)..... (r)____ (If not observed, the inspector should verify #9 is included in the SOP)	<b>E. Record Keeping</b> 1. Records kept for all clients and includes client name, date of birth, photocopy of identification, date of procedure, name of the artist performing procedure(s) and signature of client 641-22.15 (1)..... (a)____ 2. Client records are maintained for 3 years 641-22.15(2)..... (b)____ 3. Material Safety Data Sheets (MSDS) for all chemicals 641-22.13(8)..... (c)____ 4. Most recent inspection report is posted 641-22.13(9)..... (d)____  <b>F. Temporary Establishment</b> Complete Sections A,E,F 1. Event is in an enclosed, nonmobile facility 641-22.10(2)..... (a)____ 2. Handwashing facilities with: 641-22.10(3)a..... (b)____ i. Hot and Cold running water..... (c)____ ii. Liquid soap..... (d)____ iii. Paper towels or hand dryer..... (e)____ OR tuberculocidal, single-use hand wipes..... (f)____ 3. Condition of the establishment: 641-22.10(3)b..... (g)____ i. Is at least 80 square feet..... (h)____ ii. Is adequately lighted..... (h)____ 4. Floors are smooth and impervious or covered with an impermeable barrier 641-22.10(3)f..... (i)____ 5. All items used during the tattoo process are prepackaged, single use sterilized equipment, OR are compliant with 5a-b. 641-22.10(3)d..... (j)____ a. Facilities to sterilize instruments..... (k)____ b. Spore test performed on sterilization equipment that is 30 days old or newer..... (l)____ 6. Tattoo procedure area properly cleaned and sanitized 641-22.10(3)e..... (m)____  <b>G. Mobile Establishment</b> Complete Sections A,C,E,G 1. Mobile unit: 641-22.11(2)b..... (a)____ i. Clean and sanitary..... (a)____ ii. Tight fitting doors and screens on openable windows..... (b)____ 2. Tattoo work station separated from food preparation or habitation areas 641-22.11(2)d..... (c)____ 3. Handwashing facilities with: i. Hot and Cold running water 641-22.11(2)e(1)..... (d)____ ii. Liquid soap 641-22.11(2)e(1)..... (e)____ iii. Paper towels or hand dryer 641-22.11(2)e(1)..... (f)____ iv. Adequate supply of potable water 641-22.11(2)e(2)..... (g)____ v. Identified source of water and storage tank 641-22.11(2)e(3)..... (h)____ OR tuberculocidal, single-use hand wipes 641-22.11(2)e(4)..... (i)____ 4. Liquid waste in a storage tank 641-22.11(2)f..... (j)____ 5. Restroom facilities available at event or within the mobile unit with: 641-22.11(2)g..... (k)____ i. Hand sink available inside the restroom cubicle with: 641-22.11(2)g(1)..... (l)____ a. Hot and cold water available 641-22.11(2)g(2)..... (m)____ b. Liquid soap 641-22.11(2)g(2)..... (n)____ c. Paper towels or hand dryer 641-22.11(2)g(2)..... (o)____ ii. Self closing doors 641-22.11(2)g(3)..... (p)____ iii. Adequate ventilation 641-22.11(2)g(3)..... (p)____
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**Enforcement 641-22.16(2)a**

(1) Which section(s) are there violations of the Iowa Code or Iowa Administrative Code?  
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 \_\_\_\_\_

(2) In which manner did the owner or operator fail to comply?  
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 \_\_\_\_\_

(3) What are the steps required for correcting the violation?  
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 \_\_\_\_\_

(4) What is the time schedule for the corrective action plan?  
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 \_\_\_\_\_

(5) By which date must the owner of the establishment respond (not to exceed 30 days)?  
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Establishment Representative (Print): _____  Establishment Representative Signature: _____	Inspector (Print): _____  Inspector Signature: _____  Inspector Phone: _____
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