

MDH Body Art Program: Establishment Inspection Checklist (rev.07/22/10)

Name of Establishment: _____

Date of Inspection: _____

Date of Re-inspection (if deficiency noted): _____

Inspector: _____

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Type of establishment:

- Tattoo
- Piercing
- Dual
- Private Residence
- Temporary Event

Date Provisional License Issued: _____

Reason for Inspection:

<input type="checkbox"/> Existing routine	Yes	No	Corrected	meets all local building/zoning codes
<input type="checkbox"/> Existing remodel	Yes	No	Corrected	meets all local building/zoning codes
<input type="checkbox"/> New establishment	Yes	No	Corrected	meets all local building/zoning codes

Code Compliance:

- Zoning _____
- Sales and Use Tax _____
- City Permits _____

Employees (name and role in business):

_____	Technician License? Yes No
_____	Technician License? Yes No
_____	Technician License? Yes No
_____	Technician License? Yes No
_____	Technician License? Yes No
_____	Technician License? Yes No
_____	Technician License? Yes No

Sterilization Equipment:

Number of Sterilizers _____

Type(s) of Sterilizers _____

Yes	No	Date Corrected	Requirement
PIERCING ESTABLISHMENTS			
			Consent form for piercing minor: <ul style="list-style-type: none"> <input type="checkbox"/> parent or legal guardian is present during procedure <input type="checkbox"/> signed by parent/legal guardian in tech presence <input type="checkbox"/> piercing not prohibited per §146B.07,subd.1(c)
ALL ESTABLISHMENTS			
			Refused admittance to premises
			Establishment license prominently displayed in public area
			Technician license(s) prominently displayed in public area
			Procedure area separate from any other area that may cause potential contamination of work surfaces
			Privacy divider/curtain/partition available

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Yes	No	Date Corrected	Requirement
			All procedure surfaces smooth/nonabsorbent/easily cleanable
			accessible hand sink with (must have all three): <input type="checkbox"/> liquid hand soap <input type="checkbox"/> single-use paper towels/mechanical hand drier/blower <input type="checkbox"/> nonporous washable garbage bin w/foot-operated lid or with no lid and removable liner
			All ceilings in good condition
			All walls/floors free of open holes/cracks
			All walls/floors washable
			Carpeting in body art procedures areas. IF YES: <input type="checkbox"/> entirely covered with material that is: <input type="checkbox"/> rigid <input type="checkbox"/> nonporous <input type="checkbox"/> easily cleanable
			All facilities in clean and sanitary condition
			All facilities in good working order
			Animals present during body art procedure. IF YES: <input type="checkbox"/> service animal
			EQUIPMENT:
			Jewelry materials used: <input type="checkbox"/> surgical implant-grade stainless steel <input type="checkbox"/> solid 14-karat <input type="checkbox"/> 18-karat white or yellow gold <input type="checkbox"/> niobium <input type="checkbox"/> titanium <input type="checkbox"/> platinum <input type="checkbox"/> dense low-porosity plastic
			Jewelry: wood, bone, or other porous material (prohibited)
			Jewelry: free of nicks/scratches/irregular surfaces
			Jewelry: properly sterilized before use
			Reusable instruments: washed to remove all organic matter
			Reusable instruments: rinsed
			Reusable instruments: sterilized before use
			Reusable instruments: sterilized after use
			Needles: single-use
			Needles: sterilized before use
			Sterilization units: <input type="checkbox"/> steam heat; how many: _____ <input type="checkbox"/> chemical vapor; how many: _____
			All sterilization units operated according to mftr's specs.
			Spore test: <input type="checkbox"/> No more than 30 days between tests <input type="checkbox"/> Each sterilizer tested

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Yes	No	Date Corrected	Requirement
			Positive spore test: <input type="checkbox"/> not used until a negative result is obtained <input type="checkbox"/> date of negative result: _____
			All inks/pigments specifically manufactured for tattoos
			Inks: transferred immediately before tattoo
			Inks: single-use paper or plastic cups
			Inks: contents discarded after use
			Tables/chairs/furniture/surfaces: cleanable
			Tables/chairs/furniture/surfaces: sanitized after each client
			Liquid chemical germicide used: _____
			Single-use towels/wipes: provided to client
			Single-use towels/wipes: dispensed to preclude contamination
			Single-use towels/wipes: disposed in: <input type="checkbox"/> nonporous washable garbage receptacle <input type="checkbox"/> foot-operated lid OR <input type="checkbox"/> no lid and a removal liner
			Bandages/surgical dressings: sterile
			Bandages/surgical dressings: bulk-packaged clean
			Bandages/surgical dressings: stored in container: <input type="checkbox"/> Clean <input type="checkbox"/> Closed <input type="checkbox"/> Nonporous
			Equipment/instruments: maintained in good working order
			Equipment/instruments: clean and sanitary condition
			Instruments/supplies: stored clean/dry in covered containers
			Non-sterilizable equipment: <input type="checkbox"/> Single-use disposable barriers <input type="checkbox"/> Chemical germicide (type: _____) <input type="checkbox"/> spray bottles <input type="checkbox"/> procedure light fixture handles <input type="checkbox"/> tattoo machines
			Gloves: Single-use nonabsorbent gloves of adequate
			Gloves: Nonlatex gloves available
			Gloves: changed if damaged/contact w/any non clean surface/objects/with a third person
			Gloves: discarded after the completion of a procedure
			Infectious waste and sharps: approved infectious waste hauler Name: _____
			Infectious waste and sharps: approved sharps container
			Infectious waste and sharps: approved red bag marked w/the international biohazard symbol
			Non-liquid contaminated waste: covered receptacle
			Contaminated waste storage receptacle not full

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			Form/method technician uses to prove age: <ul style="list-style-type: none"> <input type="checkbox"/> valid state-issued driver's license/ID card w/DOB & pix <input type="checkbox"/> valid military ID issued by DoD <input type="checkbox"/> valid passport <input type="checkbox"/> resident alien card <input type="checkbox"/> tribal identification card
			Form/method technician uses to provide client w/disclosure and authorization form that indicates whether the client has: <ul style="list-style-type: none"> <input type="checkbox"/> diabetes <input type="checkbox"/> history of hemophilia <input type="checkbox"/> history of skin diseases <input type="checkbox"/> skin lesions <input type="checkbox"/> skin sensitivities to soap/disinfectants <input type="checkbox"/> history of epilepsy/seizures/fainting/narcolepsy <input type="checkbox"/> any condition that requires the client to take medications such as anticoagulants that thin the blood or interfere with blood clotting <input type="checkbox"/> statement that the technician shall not perform a body art procedure if the client fails to complete or sign the disclosure and authorization form <input type="checkbox"/> statement the technician may decline to perform a body art procedure if the client has any identified health conditions <input type="checkbox"/> client signature, date, and accuracy confirmation
			Informed consent form containing: <ul style="list-style-type: none"> <input type="checkbox"/> Client signature <input type="checkbox"/> Date <input type="checkbox"/> Statement that either: <ul style="list-style-type: none"> • tattoos are considered permanent and may only be removed with a surgical procedure and that any effective removal may leave scarring OR • body piercing may leave scarring
			Aftercare Instructions: written care instructions for tattooed or pierced site. Must advise client to consult health care professional at first sign of infection
			RECORDS: Three years of:
			Client records containing: <ul style="list-style-type: none"> <input type="checkbox"/> date of the procedure <input type="checkbox"/> info on picture ID w/client name/age/current address <input type="checkbox"/> disclosure & authorization form signed/dated by client <input type="checkbox"/> description of procedure performed <input type="checkbox"/> name & license number of tech performing procedure <input type="checkbox"/> copy of the informed consent form <input type="checkbox"/> parental consent for minors (piercing only)

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Yes	No	Date Corrected	Requirement
			copies of spore tests for each sterilizer
			Information each technician/guest artist: <ul style="list-style-type: none"> <input type="checkbox"/> name <input type="checkbox"/> home address <input type="checkbox"/> home telephone number <input type="checkbox"/> date of birth <input type="checkbox"/> copy of an identification photo <input type="checkbox"/> technician/guest artist license number
			For each client, there shall be proper records of each procedure. Records are kept for three years & available for inspection. Record must include the following: procedure date; ID info with client name, age & address; signed & dated client authorization; description of procedure; technician name & license number; copy of consent form; and copy of parental/guardian ID if client is a minor.
PRIVATE RESIDENCE			
			completely partitioned off
			exclusively used for body art procedures
			licensed practices per §155A: _____
			separate from the residential living, eating, and bathroom areas
			separate and secure entrance accessible without entering the residential living, eating, and bathroom areas
			meets the standards of this chapter
ALL ESTABLISHMENTS			IMMEDIATE SHUTDOWN IF “YES”
			evidence of sewage backup in area where body art activities are conducted
			lack of potable, plumbed, or hot or cold water
			lack of electricity or gas service
			significant storm/disaster damage
			evidence of an infestation of rodents or other vermin
			evidence of any unlicensed body art procedure
			evidence of existence of a public health nuisance
			use of instruments or jewelry that are not sterile
			failure to maintain required records
			failure to use gloves as required
			failure to properly dispose of sharps/blood/body fluids/items contaminated by blood or body fluids
			failed report of potential bloodborne path. trans. complaint
			evidence of positive spore test if there is no other working sterilizer with a negative spore test

NOTES: