

Type of Establishment: Permanent _____ Mobile _____ Temporary _____	Tattoo Establishment Inspection Report	Inspector County of Employment _____
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Establishment: Name: _____ Owner: _____ Address: _____ City/State/Zip: _____ Phone Number: _____	Inspection: 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

Permanent Establishments Complete Sections A-E A. Permit Requirements 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. Sanitation and Infection Control 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)____ C. Tattoo Equipment 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)____	(Tattoo Equipment Continued) 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)____ D. Procedures 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 observed [O] or not observed [NO] . 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)	E. Record Keeping 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)____ F. Temporary Establishment 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 i. Is at least 80 square feet..... (g)____ 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)____ G. Mobile Establishment Complete Sections A,C,E,G 1. Mobile unit: 641-22.11(2)b 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) a. Hot and cold water available 641-22.11(2)g(2)... (l)____ b. Liquid soap 641-22.11(2)g(2)..... (m)____ c. Paper towels or hand dryer 641-22.11(2)g(2)..... (n)____ ii. Self closing doors 641-22.11(2)g(3)..... (o)____ 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?

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

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

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

(5) By which date must the owner of the establishment respond (not to exceed 30 days)?

Establishment Representative (Print): _____ Establishment Representative Signature: _____	Inspector (Print): _____ Inspector Signature: _____ Inspector Phone: _____
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