HAMILTON COUNTY PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

Body Art Establishment Inspection Checklist

Hamilton County Public Health
1701 Patricia McCollum Way, Dept. 93
Cincinnati, OH 45237
Phone 513.946.7800
hamiltoncountyhealth.org

Facility Name: Date: Time: Jurisdiction:

Facility Address: Facility Phone #:

Operator Name: Operator Phone #:

Facility Email:

Health District: Hamilton County Inspector(s):

Place an X in the appropriate column to denote compliance status. "See Note" indicates an observation relating to this regulation was noted in the comments section of the report. It does not necessarily mean the facility was out of compliance. This checklist is not all inclusive of regulations applicable to body art facility operations.

This is a: ☒ Comprehensive Inspection ☐ Partial Inspection ☐ Reinspection ☐ Licensing Inspection ☒ Comments on Back

Yes	See Note	NA or DNI	
			3701-9-02 Board of Health Approval
☒	☐	☐	(A) Approval to operate
☒	☐	☐	(B) Plan approval
☒	☐	☐	(B)(8) Written infection prevention and control plan
☒	☐	☐	(M) Services not performed outside the premises, except as approved
			3701-9-04 Safety & Sanitation Standards
☒	☐	☐	(A) Premises at least 100 square feet
☒	☐	☐	Each individual shall have at least 36 square feet
☒	☐	☐	Complete privacy is available, if desired.
☒	☐	☐	(B) Entire procedure room and equipment maintained in a clean, sanitary condition and in good repair.
☒	☐	☐	(C) 40 foot-candles of light at tattoo level
☒	☐	☐	(D) All floors impervious, smooth, washable surface
☒	☐	☐	(E) All tables and other equipment easily cleanable
☒	☐	☐	(F) Restrooms available to employees and patrons
☒	☐	☐	No tattoo equipment or supplies stored in restroom
☒	☐	☐	(G) Hand washing sink in close proximity of operator
☒	☐	☐	(H) No exposed plumbing creating potential hazard
☒	☐	☐	(I) Closed receptacles for disposal of gloves, dressings, and trash
☒	☐	☐	(J) Animals not permitted in establishment
☒	☐	☐	(K) No food or drink consumed, contact lenses handled, cosmetics applied, personal grooming performed, vaporizing devices handled, or similar activities in tattoo/b.p. or sterilization areas
☒	☐	☐	(L) Water/wastewater systems, solid waste disposal, and Infectious waste disposal meets requirements
☒	☐	☐	(M) Artists have received appropriate training
☒	☐	☐	(N) Infection prevention and control plan kept up to date
☒	☐	☐	(O) Artist restrictions – impairment, infectious/ contagious disease
☒	☐	☐	(P) Restrictions on procedures for persons under 18
☒	☐	☐	(Q) Patrons with conditions which could affect the healing process
☒	☐	☐	(R) Body art procedures performed only on a healthy skin surface
			(S) Observe standard precautions in accordance with the following:
☒	☐	☐	(1) Sterile instruments and aseptic techniques used at all times
☒	☐	☐	(2) Hand washing before and after each procedure
☒	☐	☐	(3) Disposable gloves worn during entire procedure, including setup and tear down. Gloves must be replaced as necessary
☒	☐	☐	(4) Only sterilized, single use, disposable needles used
☒	☐	☐	(5) Disposable razors used and properly disposed
☒	☐	☐	(6) All marking instruments shall be single use
☒	☐	☐	(7) Single use products to address flow of or absorb blood
☒	☐	☐	(8) Procedure areas cleaned and disinfected
☒	☐	☐	(9) Soaps, inks, dyes, pigments, ointments dispensed and applied using aseptic technique and so as not to contaminate the original container; single use applicators
☒	☐	☐	(10) Non-single use equipment disinfected and sterilized
☒	☐	☐	(11) Hand washing and gloves worn during cleaning, disinfecting, and sterilizing procedures
☒	☐	☐	(T) Each patron provided verbal and written aftercare
☒	☐	☐	(U) Notify HD when a complaint of infection received
☒	☐	☐	(V) Disposal of sharps in accordance with OAC 3745-27
☒	☐	☐	(W) Record of procedures maintained for 2 years and includes: name, address, date, placement of procedure ink colors, lot numbers, manufacturers jewelry used including size, material composition, manufacturer
			3701-9-05 Additional Requirements for Tattoo Services
☒	☐	☐	(A) Area to be tattooed cleaned with soap and water then prepared with an antiseptic solution applied with single use applicator
☒	☐	☐	(B) All products applied to skin, including stencils, must be single use
☒	☐	☐	(C) Use only commercially manufactured inks intended for tattooing. Use disposable containers for inks. Remove excess dye with clean, absorbent, disposable materials.
☒	☐	☐	(D) Wash completed tattoo with appropriate antiseptic solution. Use sterile, non-occlusive, singe use dressing. Non-medical use paper products shall not be used.
			3701-9-06 Additional Body Piercing Services
☒	☐	☐	(A) Area to be pierced cleaned with soap & water, then prepared with antiseptic solution. Oral piercing patrons provided with alcohol free antiseptic mouthwash. Lip, labret, or cheek piercing shall follow both procedures.
☒	☐	☐	(B) Only serialized jewelry made of ASTM F136 titanium, ASTM F138 steel, solid 14 or 18 karat gold, niobium, or platinum shall be placed in a new piercing. Mill certificates for jewelry maintained at facility.

CONTINUED ON REVERSE SIDE

Yes	See Note	NA or DNI	
			3701-9-07 Ear Piercing Gun Standards
☐	☐	☒	(A) Training records for ear piercing gun
☐	☐	☒	(B) Disposable gloves shall be used and available
☐	☐	☒	(C) Ear piercing gun cleaned/disinfected after each use
☐	☐	☒	(D) Gun stored in covered container or cabinet
☐	☐	☒	(E) Patron notification of disinfection frequency/methods
			3701-9-08 Sterilize & Disinfection Procedures
			(A) All non disposable equipment shall be cleaned and sterilized in the following manner:
☒	☐	☐	(1) Soaked in an enzymatic pre-cleaner
☒	☐	☐	(2) Rinsed and patted dry
☒	☐	☐	(3) Disassembled or placed in open position
☒	☐	☐	(4) Visually inspected for cleanliness and damage
☒	☐	☐	(5) Cleaned in tepid water and appropriate detergent
☒	☐	☐	(6) Fully submerged in disinfectant per manufacturer
☒	☐	☐	(7) Rinsed and patted dry
☒	☐	☐	(8) Placed in ultrasonic unit filled with appropriate solution per manufacturer
☒	☐	☐	(9) Rinsed and air dried
☒	☐	☐	(10) Individually packed in sterilization pouches. Each pouch labeled with date of processing
☒	☐	☐	(11) Sterilized in a steam sterilizer
☒	☐	☐	Ultrasonic units and steam sterilizers used, cleaned, and maintained according to manufacturer. Records of maintenance kept for 2 yrs.

Yes	See Note	NA or DNI	
			(B) Monitor the function of sterilizers with the following:
☒	☐	☐	(1) Sterilization pouches with process indicator that changes color
☒	☐	☐	(2) Sterilization integrator used in each load
☒	☐	☐	(3) Weekly biological indicator tests submitted to lab
☒	☐	☐	(C) Documentation that indicators, integrators and biological tests were performed. Records are Maintained for 2 years and includes the following:
☒	☐	☐	(1) Date and time the load was run
☒	☐	☐	(2) Name of person who ran the load
☒	☐	☐	(3) Results of integrator
☒	☐	☐	(4) Report from lab on biological indicator test
☒	☐	☐	(C) Documentation kept in each patrons file for needles and instruments used on that patron.
☒	☐	☐	(D) New and replacement sterilizers shall be designed to sterilize hollow instruments and equipped with mechanical drying cycle
☒	☐	☐	(E) If wetness/moisture remains in/on pouches or if sterilizer malfunctions then instruments shall be considered contaminated and re-packaged/re-sterilized
☒	☐	☐	(F) Sterilized instruments remain in pouches until use
☒	☐	☐	(G) Malfunctioning sterilizer not used until repaired or replaced
☒	☐	☐	(H) Sterilized instruments stored in pouches, handled with gloves, stored in clean, dry, closed area. Re-sterilized if integrity of pouch is compromised.
☒	☐	☐	(I) Instruments re-sterilized after 1 year

Inspection Remarks

Print Name of Inspector Completing Form _____ Inspector's Signature _____ Date _____