



**Body Art Facility
Inspection Report Form**

DCH-1468 (01-11)
AUTHORITY: P.A. 375 OF 2010

**NON-TRANSFERABLE
LICENSE NUMBER:**

FACILITY NAME	STREET ADDRESS	CITY VILLAGE OR TWP/ZIP	COUNTY
---------------	----------------	-------------------------	--------

FACILITY TYPE: AFFILIATED TEMPORARY	MDEQ Certification # _____
MUNICIPAL WATER: Y N	MUNICIPAL SEWER: Y N

OWNER:	OPERATOR:	PHONE NUMBER	DATES OF OPERATION:
--------	-----------	--------------	---------------------

Notice to Operator:
Non-critical items listed below must be corrected by the next regular inspection or as otherwise indicated. All **critical** items shall be corrected immediately or as otherwise indicated. (Michigan Public Health Code, Act 368 of 1978)

INSPECTION TYPE

- Pre-Opening Inspection.....1
- Opening Inspection.....2
- Routine Inspection... ..3
- Follow-Up.....4
- Complaint.....5
- Other.....6

KEY: √ = COMPLIANT X= NON-COMPLIANT NA = NOT APPLICABLE
(#) = GUIDELINES FOR BODY ART FACILITIES SECTION REFERENCE

<p>CRITICAL VIOLATIONS:</p> <p>TECHNICIAN & PATRON:</p> <ol style="list-style-type: none"> 1. ___ REFERRAL TO MIOSHA PART 554 (6) 2. ___ REFERRAL TO MDEQ FOR WASTE DISPOSAL (15) 3. ___ TECHNICIAN TRAINING/ EDUCATION (7) 4. ___ MEDICAL GRADE GLOVE USAGE (9, 13, 14) 5. ___ NEEDLES, RAZORS, SINGLE-USE ITEMS (9, 13) 6. ___ BODY ART STENCILS / SKIN PRODUCTS SINGLE USE (13) 7. ___ INSTRUMENTS IN STERILE PACKAGE UNTIL USED (13, 4) 8. ___ SKIN PREPPED PRE-PROCEDURE (13) 9. ___ NO PROCEDURE ON NON-INTACT SKIN OR MUCOSA (9) 10. ___ APPROVED HAND WASH SINK IN PROCEDURE AREA (16) 11. ___ PROCEDURE AREA ORGANIZED TO PREVENT CROSS CONTAMINATION (13) 12. ___ INSTRUMENTS USED, REPLACED OR DISCARDED (7, 9, 13, 14) 13. ___ ULTRASONIC UNIT USE/MAINTAINANCE (14) 14. ___ MONTHLY SPORE TESTING DOCUMENTED (14, 18) 15. ___ TECHNICIAN NOT UNDER THE INFLUENCE (5, 9) 16. ___ TECHNICIAN'S PERSONAL HYGIENE (9, 14) 17. ___ SELLING/ GIVING BODY PIERCING KIT OR OTHER BODY PIERCING DEVICE TO A MINOR (5, 9, 20) 18. ___ CLIENTS COHERENT/ NOT UNDER THE INFLUENCE (5, 9) 19. ___ WRITTEN CONSENT OF PARENT OR GUARDIAN FOR CLIENTS UNDER 18 (3, 5, 9, 10, 11) 20. ___ NO ANIMALS, INSECTS, RODENTS, OR VERMIN (16) 21. ___ SMOKING NOT PERMITTED AND SIGN POSTED (3, 5, 9) <p>CLEANING & STERILIZATION:</p> <ol style="list-style-type: none"> 22. ___ JEWELRY STERILIZED IMPLANT GRADE MATERIAL (13) 23. ___ ROTARY PEN CLEANED AND STERILIZED (13) 24. ___ TATTOO PIGMENT/ INK BOTTLES STORED/USED (13) 25. ___ WASTE CONTAINERS COVERED & CLEAN (13, 14, 15, 16) 26. ___ CLEANING/ DISINFECTING PROCEDURE AREA AFTER USE (3, 9, 13, 14, 16) 27. ___ PROPER CLEANING AND STERILIZATION OF OBJECTS CONTAMINATED OR EXPOSED TO OPIM (9, 13, 14, 15) 28. ___ TECHNICIAN'S OR INDIVIDUAL'S SAFE PRACTICES (9, 14) 	<p>NON-CRITICAL VIOLATIONS:</p> <p>FACILITY STANDARDS:</p> <ol style="list-style-type: none"> 29. ___ SUFFICIENT LIGHTING PROVIDED (16, 18) 30. ___ FLOOR SPACE IN PROCEDURE AREA (16, 18) 31. ___ WELL VENTILATED, SCREENS GOOD REPAIR (16) 32. ___ PROCEDURE AREA SEPARATE FROM CUSTOMER AREA (16) 33. ___ SEPARATE ROOM FOR CLEANING, DISINFECTING AND STERILIZING (16) 34. ___ FACILITY HAS SELF-CLOSING DOORS (16) 35. ___ WALLS, FLOORS, CEILINGS, SURFACES CLEAN & GOOD REPAIR (16) 36. ___ ADEQUATE LAVATORY AND HAND WASHING (9, 16) 37. ___ LAVATORY WITH HAND SINK, TOILET, COVERED WASTE RECEPTICLE (16) 38. ___ ALL CONTAINERS PROPERLY LABELED (16) <p>RECORDS & PUBLIC NOTICE:</p> <ol style="list-style-type: none"> 39. ___ CURRENT LICENSE POSTED IN CUSTOMER SERVICE AREA (5) 40. ___ HEP B VACCINATION STATUS OR DECLINATION DOCUMENTED (5, 8) 41. ___ BODY ART VERBAL AND WRITTEN EDUCATION MATERIALS PROVIDED (10) 42. ___ TECHNICIAN AND CLIENT RECORDS MEET MINIMUM STANDARDS (5, 11, 12, 14, 17) 43. ___ AFTERCARE INSTRUCTIONS PROVIDED (3, 10, 11) 44. ___ REQUIRED FORMS SIGNED BY CLIENT AND TECHNICIAN (5, 12, 17, 18) 45. ___ RECORD OF ALL BODY ART PROCEDURES PERFORMED (5, 11, 12) 46. ___ DISCLOSURE STATEMENT, NOTICE FOR FILING COMPLAINTS, FACILITY CHANGE, RECORDS KEPT CONFIDENTIAL AND SECURE (5, 11, 12) 47. ___ BODY ART SUPPLY INVENTORY AVAILABLE (5)
---	--

Received by: _____ Inspected by: _____ Date ____/____/____

