



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

OWNER:	OPERATOR:	PHONE NUMBER	DATES OF OPERATION:
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<p><b>Notice to Operator:</b> Non-critical items listed below must be corrected by the next regular inspection or as otherwise indicated. All <b>critical</b> items shall be corrected immediately or as otherwise indicated. (Michigan Public Health Code, Act 368 of 1978)</p>	<p><b>INSPECTION TYPE</b> Pre-Opening Inspection.....1 Opening Inspection.....2 Routine Inspection... ..3 Follow-Up.....4 Complaint.....5 Other.....6</p>
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**KEY:**    √ = COMPLIANT    X = NON-COMPLIANT    NA = NOT APPLICABLE  
( # ) = GUIDELINES FOR BODY ART FACILITIES SECTION REFERENCE

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

