



**Body Art Facility
Inspection Report Form**
DHHS-1468 (05-16)
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>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)</p>	<p>INSPECTION TYPE</p> <p>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
REFERENCES FOR RULES: ALL BEGIN WITH R.333.XXXXX, Rule X

<p>CRITICAL VIOLATIONS:</p> <ol style="list-style-type: none"> 1. ____ REFERRALS TO MIOSHA Rule 7 2. ____ REFERRALS TO MDEQ Rule 15, (1, 2) 3. ____ TECHNICIAN TRAINING/ EDUCATION Rule 7, (2) 4. ____ GLOVE USAGE Rule 9 5. ____ SINGLE-USE ITEMS Rule 12 6. ____ STENCILS / SKIN PRODUCTS Rule 12, (8) 7. ____ INSTRUMENT STERILE PACKAGE Rule 14, (10) 8. ____ SKIN PREPPED Rule 12, (2) 9. ____ NON-INTACT SKIN Rule 9, (2) 10. ____ HAND WASH SINK Rule 16, (8) 11. ____ PROCEDURE AREA ORGANIZED Rule 12, (1) 12. ____ USED INSTRUMENTS Rule 12, (7) 13. ____ ULTRASONIC UNIT Rule 14, (4) 14. ____ SPORE TESTING Rule 14, (13) 15. ____ TECHNICIAN UNDER THE INFLUENCE-PA 375, Sec.13112 16. ____ TECHNICIAN HYGIENE Rule 9, (4) 17. ____ SELLING/ GIVING KIT OR PIERCING DEVICE TO A MINOR-PA 375, Sec. 13110 18. ____ CLIENTS UNDER THE INFLUENCE Rule 9, (3) 19. ____ WRITTEN CONSENT OF PARENT OR GUARDIAN FOR CLIENTS UNDER 18 PA 375, Sec. 13102 20. ____ NO ANIMALS, INSECTS OR VERMIN Rule 16, (15) 21. ____ NO SMOKING AND SIGN POSTED PA 375, Sec.13107, (g) 22. ____ JEWELRY STERILIZED IMPLANT GRADE Rule 12, (17) 23. ____ ROTARY PEN CLEANED AND STERILIZED Rule 12, (15) 24. ____ PIGMENT/ INK BOTTLES STORED Rule 12, (13) 25. ____ WASTE CONTAINERS COVERED & CLEAN Rule 16, (13) 26. ____ CLEAN/ DISINFECT PROCEDURE AREA Rule 16, (6) 27. ____ CLEAN AND STERILIZE OBJECTS EXPOSED TO OPIM Rule 9, (22) 28. ____ SAFE PRACTICES Rule 9, (4) 29. ____ LIGHTING PROVIDED Rule 16, (7) 30. ____ FLOOR SPACE PROCEDURE AREA Rule 16, (4) 31. ____ WELL VENTILATED Rule 16, (2) 	<p>CRITICAL VIOLATIONS:</p> <ol style="list-style-type: none"> 32. ____ PROCEDURE AREA SEPARATE FROM CUSTOMER AREA Rule 16, (3) 33. ____ SEPARATE ROOM FOR CLEANING, DISINFECTING AND STERILIZING Rule 16, (10) 34. ____ SELF-CLOSING DOORS Rule 16, (2) 35. ____ WALLS, FLOORS, CEILINGS, SURFACES CLEAN & GOOD REPAIR Rule 16, (5) 36. ____ LAVATORY AND HAND WASHING Rule 16, (8, 9) 37. ____ LAVATORY WITH HAND SINK, TOILET, COVERED WASTE RECEPTICLE Rule 16, (19) 38. ____ CONTAINERS PROPERLY LABELED Rule 16, (12) 39. ____ BACK FLOW/BACK SIPHONAGE PREVENTION Rule 16, (19) 40. ____ HEP B VACCINATION STATUS OR DECLINATION DOCUMENTED Rule 8, (1), (a) <p>NON-CRITICAL VIOLATIONS:</p> <ol style="list-style-type: none"> 41. ____ CURRENT LICENSE POSTED IN CUSTOMER SERVICE AREA Rule 3, (8) 42. ____ VERBAL AND WRITTEN AFTERCARE MATERIALS PROVIDED Rule 1, (c) 43. ____ TECHNICIAN AND CLIENT RECORDS MEET MINIMUM STANDARDS PA 375, Sec.13107 44. ____ REQUIRED FORMS SIGNED BY CLIENT AND TECHNICIAN Rule 6, (1, 2) 45. ____ RECORD OF ALL BODY ART PROCEDURES PERFORMED PA 375, Sec. 10107 46. ____ DISCLOSURE STATEMENT, NOTICE FOR FILING COMPLAINTS, FACILITY RECORDS KEPT CONFIDENTIAL AND SECURE Rule 11, (1) 47. ____ SUPPLY INVENTORY AVAILABLE PA 375, Sec. 13107, Pg. 5, (C)
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Received by: _____ Inspected by: _____ Date ____/____/____

