



Body Art Facility
Inspection Report Form
DHHS-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: 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

CRITICAL VIOLATIONS:
TECHNICIAN & PATRON:
1. REFERRAL TO MIOSHA PART 554 (6)
2. REFERRAL TO MDEQ FOR WASTE DISPOSAL (16)
3. TECHNICIAN TRAINING/ EDUCATION (7)
4. MEDICAL GRADE GLOVE USAGE (9, 13, 15)
5. NEEDLES, RAZORS, SINGLE-USE ITEMS (9, 13, 16, 17)
6. STENCILS / SKIN PRODUCTS SINGLE USE (13)
7. INSTRUMENTS IN STERILE PACKAGE (13, 14)
8. SKIN PREPPED PRE-PROCEDURE (13)
9. NO PROCEDURE ON NON-INTACT SKIN OR MUCOSA (9)
10. APPROVED HAND WASH SINK IN PROCEDURE AREA (17)
11. PROCEDURE AREA ORGANIZED TO PREVENT CROSS CONTAMINATION (9, 13, 17)
12. INSTRUMENTS USED, REPLACED OR DISCARDED (13, 15)
13. ULTRASONIC UNIT USE/MAINTAINANCE (15)
14. MONTHLY SPORE TESTING DOCUMENTED (15, 19)
15. TECHNICIAN NOT UNDER THE INFLUENCE (5, 9)
16. TECHNICIAN'S PERSONAL HYGIENE (9)
17. SELLING/ GIVING BODY PIERCING KIT OR OTHER BODY PIERCING DEVICE TO A MINOR (5, 9, 21)
18. CLIENTS COHERENT/ NOT UNDER THE INFLUENCE (5, 9)
19. WRITTEN CONSENT OF PARENT OR GUARDIAN FOR CLIENTS UNDER 18 (3, 5, 9, 11)
20. NO ANIMALS, INSECTS, RODENTS, OR VERMIN (17)
21. SMOKING NOT PERMITTED AND SIGN POSTED (3, 5)
CLEANING & STERILIZATION:
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 (9, 13, 17)
26. CLEANING/ DISINFECTING PROCEDURE AREA AFTER USE (3, 9, 13, 14, 15)
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)
NON-CRITICAL VIOLATIONS:
FACILITY STANDARDS:
29. SUFFICIENT LIGHTING PROVIDED (17, 19)
30. FLOOR SPACE IN PROCEDURE AREA (17, 19)
31. WELL VENTILATED, SCREENS GOOD REPAIR (17)
32. PROCEDURE AREA SEPARATE FROM CUSTOMER AREA (17, 19)
33. SEPARATE ROOM FOR CLEANING, DISINFECTING AND STERILIZING (17, 19)
34. FACILITY HAS SELF-CLOSING DOORS (17)
35. WALLS, FLOORS, CEILINGS, SURFACES CLEAN & GOOD REPAIR (17, 19)
36. ADEQUATE LAVATORY AND HAND WASHING (9, 17, 19)
37. LAVATORY WITH HAND SINK, TOILET, COVERED WASTE RECEPTACLE (17, 19)
38. ALL CONTAINERS PROPERLY LABELED (17, 19)
39. BACK FLOW/BACK SIPHONAGE PREVENTION (17)
RECORDS & PUBLIC NOTICE:
40. CURRENT LICENSE POSTED IN CUSTOMER SERVICE AREA (5, 18, 19)
41. HEP B VACCINATION STATUS OR DECLINATION DOCUMENTED (5, 8, 19)
42. BODY ART VERBAL AND WRITTEN AFTERCARE MATERIALS PROVIDED (3, 10, 11)
43. TECHNICIAN AND CLIENT RECORDS MEET MINIMUM STANDARDS (5, 11, 12, 18)
44. REQUIRED FORMS SIGNED BY CLIENT AND TECHNICIAN (11,12, 19)
45. RECORD OF ALL BODY ART PROCEDURES PERFORMED (5, 11, 12, 19)
46. DISCLOSURE STATEMENT, NOTICE FOR FILING COMPLAINTS, FACILITY RECORDS KEPT CONFIDENTIAL AND SECURE (5, 10, 11, 19)
47. BODY ART SUPPLY INVENTORY AVAILABLE (5)

Received by: Inspected by: Date / /

