



Date: 2/2/22

**Body Art Facility Inspection Report**

Permit #

Facility Name: Rabid Mammoth Tattoo Address: 600 Hall St. City: Susanville Zip Code: 96130

In = In Compliance Out = Not in Compliance N/O = Not Observed N/A = Not Applicable COS = Corrected On Site

CLEANING AND STERILIZATION		COS	MACHINE SAFETY AND SANITATION (cont.)		COS
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	1. Autoclave effective - passed integrator test		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	22. Parts replaced between clients - grommets, elastic bands, etc.	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	2. Items cleaned, packaged and labeled		<b>PREVENTING CROSS-CONTAMINATION</b>		
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	3. Autoclave loaded correctly/packages allowed to dry		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	23. Workstation/procedure area decontaminated	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	4. Integrators used/monthly spore test/log maintained		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	24. Appropriate chemical disinfectant used Chemical used: <u>Opticide Max</u>	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	5. Decontamination/sanitation area separate and supplied appropriately		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	25. Disinfectant used appropriately/sufficient contact time Wet contact time provided: <u>Hibiclens until dry</u>	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	6. Invoices and log kept for disposable, pre-sterilized equipment		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	26. Barriers used	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	7. Sharps containers labeled, used and disposed of appropriately		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	27. Products applied to skin are single use/dispensed aseptically	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	8. Jewelry, tattoo and piercing equipment - clean and sterilized		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	28. Storage of inks, pigments, needles, tubes, etc.	
<b>PRACTITIONER HEALTH AND HYGIENE</b>			<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	29. Jewelry, Inks, Needles etc. approved and used correctly	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	9. No eating, drinking or smoking - clean clothes		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	30. Cross-contamination avoided during all phases of procedure	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	10. Hands washed effectively and timely		<b>BEST BUSINESS PRACTICES</b>		
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	11. Hand washing facilities properly supplied and accessible, warm water		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	31. Areas separated/no living or sleeping quarters	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	12. Hepatitis B vaccination		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	32. Floors and walls clean and in good repair, adequate light	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	13. Bloodborne Pathogen training <u>exp. 02/22</u> Source: <u>Bloodborne pathogen training.com</u>		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	33. Workstation, surfaces, including chairs, armrests, etc. in good repair	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	14. Appropriate personal protective equipment available and used		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	34. Permit/registration posted	
<b>CUSTOMERS/CLIENTS</b>			<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	35. Operation and employee training records present	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	15. Branding is completed with no other customers in procedure area		<b>COMPLIANCE AND ENFORCEMENT</b>		
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	16. Customers eighteen (18) years of age or older			36. Plan Review	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	17. Skin adequately prepared for procedure			37. Permits Obtained and Available	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	18. Client records approved and available - Consent form and questionnaire			38. Impoundment	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	19. Appropriate aftercare instructions given to client			39. Hearing Scheduled	
<b>MACHINE SAFETY AND SANITATION</b>				40. Closure	
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	20. Safe machine design				
<input checked="" type="checkbox"/> In <input type="checkbox"/> Out N/O N/A	21. Machines cleaned and disinfected between clients				

REG #	PRACTITIONER/ARTIST NAME	REG #	PRACTITIONER/ARTIST NAME
	<u>Jeremiah Strueman</u>		

OBSERVATIONS AND CORRECTIVE ACTIONS
<u>Eternal Ink pigments</u>
<u>Intense Starbright</u>
<u>Sharps - sharps compliance mailback</u>

Received By (Print): <u>Jeremiah H Strueman</u>	Received By (Signature): <u>[Signature]</u>	Date: <u>2/2/22</u>
Specialist (Print): <u>Sara Chandler</u>	Specialist (Signature): <u>[Signature]</u>	Date: <u>2/2/22</u>