

## BODY ART INSPECTION FORM

Owner Name <b>Darcie Wige</b>		Inspection date <b>10/20/2009</b>	
Facility Name <b>The Dungeon INC</b>		Phone # <b>719-275-5050</b>	Fax#
Facility Address <b>505 Main Street, Canon City, CO</b>		Email Address	
<b>Type of Inspection:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-opening <input type="checkbox"/> Complaint		<b>Type of Facility (Check all that apply):</b> <input checked="" type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Body Piercing <input type="checkbox"/> Cosmetic Tattooing <input type="checkbox"/> Branding <input type="checkbox"/> Scarification <input type="checkbox"/> Sculpting <input type="checkbox"/> Other	
<b>Certificate of Compliance Posted</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> New Facility		<b>Follow up Inspection required</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Certificate of Compliance Approved</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Establishment Closed Until Abatement of Violations</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<b>Follow up Inspection will be conducted on or after</b> <b>10/27/2009</b>	

### VIOLATIONS

<input type="checkbox"/>	<b>2-201(a)</b>	<b><i>DEMONSTRATION OF KNOWLEDGE, ALL BODY ARTISTS, UNIVERSAL PRECAUTIONS, ETC.*</i></b>
<input type="checkbox"/>	2-201(b)	HEPATITIS B VACCINE FOR EACH ARTIST OR MEDICAL EXEMPTION
<input type="checkbox"/>	3-301	CERTIFICATE OF SUBSTANTIAL COMPLIANCE
<input type="checkbox"/>	<b>3-302</b>	<b><i>PERSON(S) IN CHARGE AT ALL TIMES</i></b>
<input type="checkbox"/>	3-303	EMPLOYEE/ARTIST INFORMATION ON FILE & AVAILABLE
<input type="checkbox"/>	3-304(a)	PERSON IN CHARGE ACCESS TO AGREEMENT FOR SHARPS/INFECTIOUS WASTE DISPOSAL
<input type="checkbox"/>	3-304(b)	PERSON IN CHARGE ACCESS TO SPORE TEST LOG AND TEST RESULTS
<input type="checkbox"/>	3-304(c)	PERSON IN CHARGE ACCESS TO CLIENT RECORDS (MAINTAINED FOR 3 YEARS)
<input checked="" type="checkbox"/>	3-304(d)	PERSON IN CHARGE ACCESS TO MANUFACTURER'S INFORMATION ON STERILIZATION EQUIPMENT
<input checked="" type="checkbox"/>	3-304(e)	PERSON IN CHARGE ACCESS TO INFECTION & EXPOSURE CONTROL WRITTEN PROCEDURES
<input type="checkbox"/>	4-402	CLIENT DISCLOSURE OF MEDICAL CONDITIONS
<input type="checkbox"/>	4-403	CLIENT CONSENT FORMS COMPLETED FOR ALL PROCEDURES AND AVAILABLE
<input type="checkbox"/>	4-404	PARENTAL OR LEGAL GUARDIAN CONSENT FORM FOR MINORS (UNDER 18) WITH PHOTO ID
<input type="checkbox"/>	5-501	FLOORS, WALLS & CEILINGS IN PROCEDURE & INSTRUMENT CLEANING AREAS
<input type="checkbox"/>	5-502	TOILET FACILITIES AVAILABLE, FLOORS & WALLS, GOOD REPAIR
<input type="checkbox"/>	5-503	PREMISES CLEAN, GOOD REPAIR
<input type="checkbox"/>	5-504	ADEQUATE LIGHTING IN PROCEDURE & INSTRUMENT CLEANING AREAS
<input type="checkbox"/>	5-505	WORK SURFACES IN PROCEDURE, INSTRUMENT CLEANING, & TOILET ROOMS SMOOTH & CLEANABLE
<input type="checkbox"/>	<b>5-506</b>	<b><i>HANDSINKS HOT/COLD WATER, ACCESSIBLE, SOAP &amp; DRYING DEVICES*</i></b>
<input type="checkbox"/>	5-507	SEPARATE AREA(S) FOR CLEANING, HANDLING & STORING STERILIZED EQUIPMENT
<input checked="" type="checkbox"/>	5-508	SINKS USED FOR DESIGNATED PURPOSES ONLY, SEPARATE HANDSINKS, INSTRUMENT WASH SINKS
<input type="checkbox"/>	<b>5-509</b>	<b><i>WATER, APPROVED SOURCE*</i></b>
<input type="checkbox"/>	<b>5-510</b>	<b><i>SEWAGE DISPOSAL*</i></b>
<input type="checkbox"/>	<b>5-511</b>	<b><i>REFUSE DISPOSAL, LINED WASTE RECEPTACLES*</i></b>
<input type="checkbox"/>	5-512	WAITING AREA SEPARATE FROM PROCEDURE AREAS & INSTRUMENT AREAS
<input type="checkbox"/>	5-513	REUSABLE CLOTH ITEMS WASHED/DISINFECTED/STORED
<input type="checkbox"/>	5-514	ANIMALS PROHIBITED IN PRECEDURE AREAS & INSTRUMENT AREAS
<input type="checkbox"/>	5-515	CHEMICALS LABELED, STORED, USED
<input type="checkbox"/>	5-516	ESTABLISHMENT COMPLETELY SEPARATED FROM LIVING AREAS, FOOD PREPARATION, ETC.
<input type="checkbox"/>	5-517	PROCEDURE AREAS CLEARLY SEPARATED FROM HAIR & FINGERNAIL CARE
<input checked="" type="checkbox"/>	5-518	UTILITY SINK
<input type="checkbox"/>	5-519	BACKFLOW PREVENTION DEVICES INSTALLED
<input type="checkbox"/>	<b>5-520</b>	<b><i>SHARPS DISPOSAL/INFECTIOUS WASTE DISPOSAL, SHARPS CONTAINERS, RED BIO-HAZARD BAGS*</i></b>
<input type="checkbox"/>	6-601	PERMANENT FACILITY
<input checked="" type="checkbox"/>	<b>7-701</b>	<b><i>INFECTION &amp; EXPOSURE CONTROL WRITTEN PROCEDURES*</i></b>

<input type="checkbox"/>	8-801(a)	PENETRATING INSTRUMENTS PROPERLY CLEANED BEFORE STERILIZATION
<input type="checkbox"/>	<b>8-801(b)</b>	<b>ALL INSTRUMENTS PLACED IN PROCEDURE AREA REPACKAGED &amp; RE-STERILIZED*</b>
<input type="checkbox"/>	8-801(c)	EMPLOYEES WEAR HEAVY-DUTY WATERPROOF GLOVES FOR INSTRUMENT CLEANING
<input type="checkbox"/>	8-801(d)	USED INSTRUMENTS SOAKED IN DISINFECTANT UNTIL CLEANED
<input type="checkbox"/>	8-801(e)	INSTRUMENTS DISASSEMBLED FOR CLEANING
<input type="checkbox"/>	8-801(f)	INSTRUMENT COMPONENTS PROPERLY CLEANED MANUALLY OR ULTRASONIC, PRE STERILIZATION
<input type="checkbox"/>	8-802(a)	EMPLOYEE GLOVE USE TO PACKAGE/WRAP INSTRUMENTS FOR STERILIZATION
<input type="checkbox"/>	<b>8-802(b)</b>	<b>STERILIZER INDICATOR ON EACH PACKAGE OF INSTRUMENTS*</b>
<input type="checkbox"/>	<b>8-802(c)</b>	<b>INSTRUMENT PACKAGES LABELED WITH TIME/ DATE OF STERILIZATION, NO USE AFTER 6 MONTHS*</b>
<input type="checkbox"/>	8-803(a)	STERILIZER DESIGNED & LABELED AS MEDICAL INSTRUMENT STERILIZER
<input checked="" type="checkbox"/>	8-803(b)	OPERATOR'S MANUAL FOR STERILIZER AVAILABLE, USED PER MANUAL RECOMMENDATIONS
<input type="checkbox"/>	8-803(c)	STERILIZER CLEANED & MAINTAINED PER MANUFACTURER'S SPECIFICATIONS
<input type="checkbox"/>	<b>8-803(d)</b>	<b>STERILIZER LOAD LOG AVAILABLE AND MAINTAINED FOR 3 YEARS*</b>
<input type="checkbox"/>		<b>1. LOG CONTAINS DESCRIPTION OF INSTRUMENTS IN LOAD</b>
<input type="checkbox"/>		<b>2. DATE OF STERILIZATION LOAD &amp; TIME OR OTHER UNIQUE IDENTIFIER IF MORE THAN 1 LOAD DAILY</b>
<input type="checkbox"/>		<b>3. STERILIZER CYCLE TIME &amp; TEMPERATURE</b>
<input type="checkbox"/>		<b>4. COLOR CHANGE INDICATOR ON EACH PACKAGE</b>
<input type="checkbox"/>		<b>5. ACTION TAKEN IF COLOR CHANGE DID NOT OCCUR</b>
<input type="checkbox"/>	<b>8-803(e)</b>	<b>MONTHLY SPORE TEST, INDEPENDENT LAB, RECORDS MAINTAINED FOR 3 YEARS AND AVAILABLE *</b>
<input type="checkbox"/>	8-804	STORAGE & HANDLING OF STERILIZED INSTRUMENT PACKS.
<input type="checkbox"/>	<b>8-805</b>	<b>SINGLE-USE ITEMS PROPERLY DISPOSED OF, ALL SHARPS INTO APPROVED SHARPS CONTAINERS*</b>
<input type="checkbox"/>	9-901(c)	PROCEDURES PERFORMED ON DRUG OR ALCOHOL INPAIRED CLIENT PROHIBITED
<input type="checkbox"/>	9-901(d)	SMOKING, EATING, DRINKING IN PROCEDURE & INSTRUMENT CLEANING AREAS PROHIBITED
<input type="checkbox"/>	9-901(e)	PROCEDURES ON UNHEALTHY SKIN PROHIBITED
<input type="checkbox"/>	9-901(f)	PROCEDURES ON MINOR (UNDER 18) W/O WRITTEN PARENTAL OR GUARDIAN CONSENT PROHIBITED
<input type="checkbox"/>	<b>9-902(a)</b>	<b>PROPER HANDWASHING, SOAP &amp; DISPOSABLE PAPER TOWELS OR AIR DRYING DEVICE AVAILABLE*</b>
<input type="checkbox"/>	<b>9-902(b)</b>	<b>PROPER USE OF DISPOSABLE GLOVES*</b>
<input type="checkbox"/>	9-902(c)	CHANGE DRAPES, LAP CLOTHS OR APRONS BETWEEN EACH CLIENT, PROPER WASHING IF MULTI-USE
<input type="checkbox"/>	<b>9-902(d)</b>	<b>PROPER GLOVE USE WHILE ASSEMBLING INSTRUMENTS &amp; SUPPLIES. ALL STERILIZED INSTRUMENTS IN STERILE PACKAGES UNTIL OPENED IN FRONT OF CLIENT*</b>
<input type="checkbox"/>	<b>9-902(e)(f)</b>	<b>SINGLE-USE PORTIONS PROPERLY USED, DISCARDED*</b>
<input type="checkbox"/>	<b>9-902(g)</b>	<b>PROCEDURE AREA DISINFECTED AFTER EACH CLIENT, SINGLE USE PAPER TOWELS*</b>
<input type="checkbox"/>	<b>9-903(a)</b>	<b>STENCILS, SINGLE USE*</b>
<input type="checkbox"/>	<b>9-903(b)</b>	<b>SKIN PREP. BEFORE STENCIL APPLICATION, SINGLE-USE RAZORS, TREATED WITH ANTICEPTIC*</b>
<input type="checkbox"/>	9-903(c)	SOLID DEODORANT USED PRIOR TO STENCIL, SINGLE-USE, OR MAY BE GIVEN TO CUSTOMER
<input type="checkbox"/>	<b>9-903(d)</b>	<b>INKS, DYES, PIGMENTS SINGLE USE, UNUSED PRODUCT DISCARDED*</b>
<input type="checkbox"/>	9-903(e)	SINGLE-USE PRODUCTS TO REMOVE EXCESS INK, DYE, PIGMENT
<input type="checkbox"/>	9-903(e)	DISPOSABLE CUPS ONLY FOR CLEANING INK FROM THE NEEDLE
<input type="checkbox"/>	<b>9-903(f)</b>	<b>SINGLE-USE TATTOO NEEDLES ONLY, NEEDLES PROPERLY DISCARDED*</b>
<input type="checkbox"/>	<b>9-903(g)</b>	<b>PROCEDURE AREA ON BODY COVERED WITH APPROVED MATERIAL FOR DRESSING WOUNDS, GAUZE, BANDAGE, SKIN TAPE (NO PLASTIC WRAP)*</b>
<input type="checkbox"/>	9-904(a)	SKIN PREP. BEFORE PIERCING, CLEANED WITH SOAP AND TREATED WITH MEDICAL ANTISEPTIC
<input type="checkbox"/>	<b>9-904(b)</b>	<b>ONLY STERILE SINGLE-USE NEEDLES USED FOR PIERCING, PROPERLY DISCARDED*</b>
<input type="checkbox"/>	<b>9-904(c)</b>	<b>JEWELRY STERILIZED OR NEW JEWELRY DISINFECTED, CLEAN, IN GOOD CONDITION*</b>
<input type="checkbox"/>	<b>9-904(d)</b>	<b>STUD &amp; CLASP SYSTEMS PROPERLY USED, ONLY ON EARLOBES OR OUTER PERIMETER OF EAR*</b>

SECTION	DESCRIPTION OF VIOLATION / COMMENTS	CORRECT BY:
3-304(d)	Older autoclave, the manufacturer's information is not available. They will check to see if this information is available online.	
3-304(e)	No written procedure available.	

5-518	No utility sink available on premises.	
7-701	No written procedures available	10/27/2009
8-803(b)	Older autoclave, Operator's Manual not available.	
5-508	In the Sterilization Room, only one sink is available, no separate handsink so that a designated sink is available for instrument washing only and another sink available for handwashing only.	
	1:30pm Currently there are 4 body artists and 2 in training.	

**\*CRITICAL ITEM VIOLATION**      COS=Corrected on Site  
Unless otherwise noted, violations are required to be corrected by the next routine inspection.