

TATTOO FACILITY PLAN REVIEW

By Authority of Act 368, P.A. of 1979

Inspection Date _____ Name of Facility _____ Location _____
Owners Name _____ Telephone Number _____ Operator Cert. # & Date _____

Type of Facility (mark with a X all that apply)

- _____ TATTOO placement of an indelible mark on the body of another individual by the insertion of a pigment under the skin or placement of an indelible design upon the body of another individual by production of scars.
- _____ BODY PIERCING perforation of human tissue for the purpose of placing a decorative object onto the body or skin for a non-medical purpose with the exception of ear piercing.
- _____ INTRADERMAL COSMETICS beautifying the skin by applying permanent make-up such as eye brows, etc. by placing an indelible mark on the skin.

NOTE: S Satisfactory Compliance
X Non-compliance
-- Indicates item does not apply

I. EQUIPMENT

- _____ Specification sheets for all equipment, new and used, submitted and approved.
- _____ All equipment used for contact with skin, muscles or body fluids designed for easy assembly, disassembly and smooth, easily cleanable. All equipment designed to be properly sanitized.
- _____ All solder used for attachment of needles to needle bars lead free.

II. OPERATIONAL ENVIRONMENT

- _____ If only one certified operator, +150 square feet of usable floor space.
- _____ If +1 certified operator, +1—square feet of usable floor space for each certified operator.
- _____ Building enclosed on four sides.
- _____ All doors self closing.
- _____ Windows to be used for ventilation purposes (yes or no)
If yes, _____ all screens in good repair
- _____ Artificial light sources +20 foot-candles 30 inches above the floor throughout the operation.
- _____ Artificial light source +50 foot-candles of light at the level where operation is performed.
- _____ Yes no spot-lighting utilized to achieve required degree of illumination.
- _____ Floors: light in color, impervious, smooth, easily cleanable.
- _____ Walls: light in color, impervious, smooth, easily cleanable.
- _____ Ceilings: light in color, impervious, smooth, easily cleanable.
- _____ Toilet and lavatory conveniently located and accessible to the certified operator.
- _____ Toilet and lavatory conveniently located and accessible to the patrons.
- Number of toilets _____
- Number of lavatories _____
- _____ Lavatory or hand washing sink, with hot and cold running water, liquid or granular soap, and single-use towels located in close proximity for each certified operator.
- Number of hand washing sinks _____
- Proposed number of certified operators _____
- _____ No overhead or otherwise exposed sewage lines.
- _____ Sufficient number of trash receptacles.
- _____ All trash receptacle lids closed.
- _____ Approved receptacles for medical wastes.
- _____ All operating tables and chairs constructed with material that can be sanitized.
- _____ All operating tables and chairs located at least 6 feet from any observer or waiting customer.

- _____ If no then: Operating tables and chairs separated by a panel at least four feet high. _____
- _____ File in place to record patient information. Including, but not limited to: patient name, address, age, client health history questions, signature of the client, brief description of the work performed, the location on the body where the work was performed, and the name of the certified operator completing the job.
- _____ Health history sheet prepared.

III. OPERATOR HYGIENE

- _____ Individual hand washing brush for each certified operator.
- _____ 70% rubbing alcohol or antiseptic solution for operator hand rinsing available.
- _____ Disposable, surgical gloves available.

IV. TATTOOING, INTRADERMAL COSMETICS AND BODY PIERCING OPERATION

- _____ Separate disposable razors with single service blades for shaving each patron.
- _____ Green soap (U.S.P.) or equivalent available for washing skin area prior to shaving.
- _____ 70% alcohol solution available at operating area.
- _____ Sterile anti-microbial ointment in collapsible metal or plastic tubes or its equivalent available for skin lubrication.
- _____ No styptic pencils, alum blocks or any other solid styptic to check flow of blood.
- _____ All inks and dyes used for tattooing from a reputable manufacturer. _____ manufacturers name and product number.
- _____ Proper storage area for needles, dyes and inks.
- _____ Recognized and approved surgical dressings and tapes available – no unapproved materials.

V. CLEANING AND STERILIZATION OF INSTRUMENTS

- _____ Ultra sonic machine available for removal of excess dye or skin tissue form the needles, tubes and needle bars. Model number etc. _____.
- _____ Autoclave able to provide 30 minutes at 15 to 20 lbs. Pressure per square inch at 255 degrees Fahrenheit
OR
- _____ Dry heat sterilization at 300 degrees F for 2 ½ hours,
320 degrees F for 2 hours, or
340 degrees F for 1 hour.

Make and model number of sterilization machine. _____

- _____ Approved wrappers or bags for instruments to be sterilized.
- _____ Registered tape that is sensitive to temp exceeding 255 degrees F and pressure of 15 to 20 lbs/square inch (autoclave only)
- _____ Temperature indicator label capable of measuring temperatures of 200, 320, or 340 degrees F depending upon the time allotted for proper sterilization available. (dry heat sterilization only)
- _____ Log book set up for storing used register tape strips.
- _____ Closed glass case or storage cabinet available for all sterilized tubes, grips and needle bars.
- _____ Tuberculocidal disinfectant approved by the Health Officer available to clean each working surface.

VI. WATER AND SEWER SUPPLY

Water supply municipal _____ on-site _____ permit number _____
Sewage Disposal municipal _____ on-site _____ permit number _____