

Inspection of Tattoo Establishment

Score: _____ N/A _____

Date of Insp/Chg _____

Status Code: _____

Health Department _____

Current Facility ID _____ 61 _____

Old Facility ID _____

Water Supply: <input type="checkbox"/> 1 Community	<input type="checkbox"/> 3 Non-Transient Non-Community	Water sample taken today? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2 Transient Non-Community	<input type="checkbox"/> 4 Non-Public Water Supply	<input type="checkbox"/> 1 Inspection <input type="checkbox"/> Name Change
		<input type="checkbox"/> 2 Re-Inspection <input type="checkbox"/> Verification of Closure
		<input type="checkbox"/> V Visit <input type="checkbox"/> Status Change

Wastewater System: 1 Community 2 On-Site System

Name of Establishment: _____ **Name of Tattoo Artist:** _____

Location Address: _____ **Mailing Addr.:** _____

City: _____ **State:** NC **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____

RECORDS: (.3206; .3208)

- Records maintained for each patron include name, address, phone number, date of birth, and signature _____
- Monthly records of bacterial endospore destruction tests maintained for each autoclave _____

TATTOO ROOM: (.3205; .3207; .3208; .3210)

- Separate and apart from areas used for other purposes _____
- Separate work stations for each artist _____
- Room clean and good repair _____
- Furniture easily cleanable, kept clean _____
- Instruments, dyes, carbons, stencils kept in clean closed containers, case or storage cabinet _____
- Sterile instruments packaged in sterile containers _____
- Rigid solid waste container with plastic liner _____
- No animals or use of tobacco in tattoo room _____
- No eating or drinking by artists in tattoo room _____

LAVATORY: (.3203; .3204; .3207; .3208)

- Accessible to tattoo room _____
- Use restricted to tattoo artists _____
- Clean and good repair, kept free of storage _____
- Hot and cold water under pressure, mixing faucet _____
- Antiseptic soap and germicidal solution provided _____
- Individual scrub brushes and fingernail files or orange sticks provided for each artist _____
- Individual disposable hand towels provided _____
- Approved water supply and sewage disposal _____

TATTOOING PROCEDURES: (.3208; .3209)

- Hands washed thoroughly before each patron _____
- Clean disposable latex gloves worn _____
- Clean gown or lap cloth used _____
- Sterile instruments handled by aseptic technique _____
- Ink dispensed into disposable ink caps _____
- Skin examined and only healthy skin tattooed _____
- New disposable or sterile razor used _____
- Germicidal solution applied to skin _____
- Only new sterile needles used _____
- Tattoo cleaned and sterile dressing applied _____

PRECAUTIONS: (.3207; .3208; .3209)

- Blood and body fluid precautions taken _____
- Protective coverings & lap cloths removed & disposed of or laundered _____
- Contaminated Equipment cleaned and disinfected _____
- Contaminated instruments properly stored, cleaned, and autoclaved _____
- Needles removed and placed in sharps container _____

MISCELLANEOUS: (.3205; .3207; .3210)

- Poisons in covered, labeled containers _____
- Premises free of vermin, flies, or mosquito breeding places _____
- Outdoor solid waste in watertight containers with tight lids, properly secured _____
- Litter and solid waste not allowed to accumulate _____

Inspection by: _____ EHS I.D.# _____ Report Received by: _____

Purpose: General Statute 130A-283 requires the Commission for Health Services to adopt rules governing tattooing. 15A NCAC 18A .3200 specifies the requirements for tattoo artists. This form is developed to be used in making inspections of tattoo establishments. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Based on observations and information provided by the tattoo artist, place a check mark beside each item to indicate compliance with the applicable rules. Prepare an original and one copy for: 1. Original to be left with tattoo artist. 2. Copy for the local health department. Specific deficiencies are underlined. If additional explanation is needed, use another sheet. **Disposition:** Please refer to Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Historical Resources. Additional forms may be ordered from: Division of Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699-1630, (Courier 52-01-00)