**Georgia Department of Human Resources**

# Tattoo Studio and Artists Inspection Report

| INSPECTION DATE | CURRENT SCORE |
|---|---|
| 12/20/16 | 90 |

Studio Name: Infamous Ink

PERMIT NO. BHP 106-000083

PREVIOUS SCORE: 100

Address: 3131 Manchester Expwy Suite 71 Zip 31909

| ADMINISTRATIVE | | |
|---|---|---|
| 1. Permit/Inspection posted | 2 | ✓ |
| 2. Enforces age limit (none under 18 years) | 2 | ✓ |
| 3. No animals (except seeing eye dogs) | 2 | ✓ |
| **FLOOR PLAN** | | |
| 4. Customer privacy available | 2 | X |
| 5. Adequate ventilation/adequate lighting | 2 | ✓ |
| 6. Light painted walls & ceilings | 2 | ✓ |
| 7. Cleanable floors (no carpet in work area) | 2 | ✓ |
| 8. Client sanitary toilet / hand washing facility | 2 | ✓ |
| 9. Work area; hot / cold water with proper supplies: soap antibacterial solution, single use towels, nail brush | 4 | ✓ |
| **FURNISHINGS &FIXTURES** | | |
| 10. Maintained intact & functional | 2 | ✓ |
| 11. Clean, neat, free of litter & rubbish | 2 | ✓ |
| 12. Work tables & chairs for each artist | 2 | ✓ |
| 13. Table / chairs surfaces smooth, light colored, easily sanitized | 2 | ✓ |
| **SUPPLIES** | | |
| 14. Storage facilities | 2 | ✓ |
| 15. Single use containers | 2 | ✓ |
| **DYES & PIGMENTS** | | |
| 16. Dyes from approved source | 2 | ✓ |
| 17. Single use, non toxic, sterile-material | 2 | ✓ |
| 18. Disposal of materials | 2 | ✓ |
| **SANITATION** | | |
| 19. Disposable latex / vinyl gloves | 3 | ✓ |
| 20. Neat, trimmed fingernails / jewelry removed | 3 | ✓ |
| 21. Artist outer garment clean | 3 | ✓ |
| 22. Single disposable razors for tattooed area | 3 | ✓ |

| STERILIZATION | | |
|---|---|---|
| 23. Autoclave operational / available | 4 | ✓ |
| 24. Puncture resistant container for nondisposables | 4 | ✓ |
| 25. Equipment bagged, dated and sealed | 3 | X |
| 26. Autoclave timing (55 min/cold start; 35 min/hot start; 270 degrees & 15-30 PSI) | 4 | ✓ |
| 27. Spore indicators once a week Mesa Labs | 3 | ✓ |
| **TATTOO APPLICATION** | | |
| 28. Sterile, single use materials only | 4 | ✓ |
| 29. Antibacterial solution available | 3 | ✓ |
| 30. Client given written instructions on care in files | 3 | ✓ |
| **DISINFECTION OF WORKPLACE** | | |
| 31. Cleaning schedule on file / work surfaces disinfected | 3 | X |
| 32. Remove / replace protective covering | 3 | ✓ |
| **DISPOSAL OF WASTE** | | |
| 33. Needles in closed, puncture resistant containers | 3 | ✓ |
| 34. Containers close to work area / not overfilled | 2 | ✓ |
| 35. Needles sent to approved disposal facility | 2 | . |
| 36. Covered trash container | 2 | ✓ |
| **PERSONNEL** | | |
| 37. Employee files-Current certification in first aid / blood borne Pathogen training (or health care professional) | 3 | ✓ |
| 38. Employee file - Hept B statement ← | 2 | X |
| **CLIENT FILES** | | |
| 39. Keep minimum of 2 year: Record of tattoos, consent form, statement of no alcohol / drug use, procedures statement, and instructions on care | 2 | ✓ |

**COMMENTS:**

Hep B statement missing for Rous.

post contact # for Col. Health Dept. for reporting complaints

DISCUSSED WITH: Jimmy Lo

TITLE: Manager

INSPECTED BY: Wanda Barfield

TITLE: EHS IV