

Columbus Department of Public Health
Body Art Studio and Artist Inspection Report

Inspection Date:

9/26/2023

**CURRENT
SCORE**

Studio Name: Soul and Anchor Tattoo Parlor, LLC **Permit #:** BAP-106-00519

Address: 1807 Victory Dr. Suite A **Zip** 3901

PREVIOUS

N/A

SCORE

100

ADMINISTRATIVE

- | | | | |
|---|---|--------|---|
| 1. Permit/Inspection posted | 2 | Issued | ✓ |
| 2. Enforces age limit (none under 18 years) | 2 | | ✓ |
| 3. No animals (except service animals) | 2 | | ✓ |

STERILIZATION

- | | | |
|---|---|---------------------|
| 23. Autoclave operational / available | 4 | N/A |
| 24. Puncture resistant container for nondisposables | 4 | Disposable only N/A |
| 25. Equipment bagged, dated and sealed | 3 | N/A |
| 26. Autoclave timing (55 min/cold start; 35 min/hot start; 270 degrees & 15-30 PSI) | 4 | N/A |
| 27. Spore indicators once a week | 3 | N/A |

FLOOR PLAN

- | | | |
|---|---|---|
| 4. Customer privacy available | 2 | ✓ |
| 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 | ✓ |

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 | ✓ |
| 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 files – Hep B statement | 2 | ✓ |

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 | ✓ |
|---|---|---|

FURNISHINGS & FIXTURES

- | | | |
|---|---|---|
| 10. Maintained intact & functional | 2 | ✓ |
| 11. Clean, nest, 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 razors for tattooed area | 3 | ✓ |

COMMENTS:

Permitted Body Artist: Ryan Bill (Marsau)

DISCUSSED WITH: RYAN MARSAU *R Marsau*
TITLE: OWNER/ARTIST

INSPECTED BY: *Kristi Rudy*
TITLE: District Env. Health Director