



BODY ART EVALUATION FORM

Facility/Event Name _____ Address _____ City _____ Zip _____ Date _____

Permit Owner _____

RISK FACTORS AND INTERVENTIONS

In = In compliance

N/O = Not observed

N/A = Not applicable

OUT = Violation observed

COS = Corrected on site

CLEANING AND STERILIZATION				OUT	COS
In	N/O	N/A	1. Autoclave is approved and effective - passed integrator test	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	2. Process of cleaning, labeling, packaging and sterilizing items appropriate	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	3. Autoclave loaded correctly/packages allowed to dry	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	4. Integrators used/monthly spore test/log maintained	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	5. Decontamination/sanitation area separate and supplied appropriately *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	6. Invoices and log kept for disposable, pre-sterilized equipment, backup supplies adequate *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	7. Sharps containers supplied, labeled, used and disposed of appropriately *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	8. Jewelry, tattoo and piercing equipment – storage and use	<input type="checkbox"/>	<input type="checkbox"/>
PRACTITIONER HEALTH AND HYGIENE					
In	N/O	N/A	9. No eating, drinking or smoking - clean clothes	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	10. Hands washed effectively and timely	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	11. Handwashing facilities properly supplied and accessible, warm potable water *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	12. Appropriate personal protective equipment available and used, eyewash station available *	<input type="checkbox"/>	<input type="checkbox"/>
CUSTOMERS/CLIENTS					
In	N/O	N/A	13. Branding is completed with no other customers in procedure area	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	14. Customers eighteen (18) years of age or older	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	15. Skin adequately prepared for procedure.	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	16. Client records approved and available - Consent form & questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	17. Appropriate aftercare instructions given to client	<input type="checkbox"/>	<input type="checkbox"/>
TATTOO AND PERMANENT COSMETICS MACHINE SAFETY AND SANITATION					
In	N/O	N/A	18. Safe machine design	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	19. Machines cleaned and disinfected between clients	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	20. Parts replaced between clients - grommets, elastic bands, etc.	<input type="checkbox"/>	<input type="checkbox"/>

PREVENTING CROSS-CONTAMINATION				OUT	COS
In	N/O	N/A	21. Workstation/procedure area decontaminated	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	22. Appropriate chemical disinfectant used Chemical used:	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	23. Disinfectant used appropriately/sufficient contact time Wet contact time provided:	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	24. Barriers available and used appropriately *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	25. Products applied to skin are single use/dispensed aseptically	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	26. Storage of inks, pigments, needles, tubes, etc.,	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	27. Jewelry, Inks, Needles etc approved and used	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	28. Cross-contamination avoided during all phases of procedure	<input type="checkbox"/>	<input type="checkbox"/>
BEST BUSINESS PRACTICES					
In	N/O	N/A	29. Areas separated/no living or sleeping quarters/no animals *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	30. Floors and walls clean and in good repair, adequate light *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	31. Workstation, surfaces, including chairs, armrests, etc. in good repair; trash removed frequently *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	32. Permit/registration and required signs posted *	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	33. IPCP and employee training records and Hepatitis B vaccination status present	<input type="checkbox"/>	<input type="checkbox"/>
In	N/O	N/A	34. Restrooms available, stocked *	<input type="checkbox"/>	<input type="checkbox"/>
COMPLIANCE AND ENFORCEMENT				NOTICE ISSUED	
			35. Plan Review	<input type="checkbox"/>	
			36. Permits Obtained & Available *	<input type="checkbox"/>	
			37. Impoundment	<input type="checkbox"/>	
			38. Hearing Scheduled	<input type="checkbox"/>	
			39. Closure *	<input type="checkbox"/>	
Items marked with an asterisk * may also have specific requirements for temporary events					

REG #	PRACTITIONER/ARTIST NAME	REG #	PRACTITIONER/ARTIST NAME

OBSERVATIONS AND CORRECTIVE ACTIONS

