

BODY ART SELF-INSPECTION CHECKLIST

California Health & Safety Code
Division 104-Environmental Health
Part 15, Chapter 7-Body Art

PRACTITIONER HEALTH AND HYGIENE: SECTION 119306-119312

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All practitioners and the facility must be currently registered with Sacramento County Environmental Management Department (EMD). Permits are displayed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Practitioner is free from open rashes, infections or open wounds. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Personal protection equipment is available and used appropriately (gloves, masks, aprons, eye protection, sleeve protection, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Practitioners have completed approved bloodborne pathogens training. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Hands are washed effectively and in a timely manner. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Hand sink is accessible, has hot/cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Practitioner does not eat, drink or smoke at workstation. |

CLIENT RECORDS/FORMS: SECTION 119302-119303

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Informed consent, waiver and release forms are on file for each client with properly documented/verified identification. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Medical questionnaire is on file for each client and maintained per federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Appropriate written aftercare instructions are available and given to each client, and any questions answered. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Skin adequately prepared before procedure with antiseptics, antimicrobial, or microbicide solution. |

MACHINES: SECTION 119301-119313

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All machines are of safe design and approved by the enforcement agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Machines are broken down and disinfected between clients. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Parts replaced between clients including, needle tubes, needles, rubber bands etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Jewelry for newly pierced skin meets standard. |

INFECTION PREVENTION AND CONTROL: SECTION 119308-119313

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Infection Prevention and Control Plan (IPCP) available, updated and staff annual training documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Decontaminated workstation between clients/proper tear down and sanitizing procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Protected storage of machines, ink and supplies. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Appropriate barriers used; machine, clip cord, bottles, set up tray, power supply, lights, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sharps are placed into sharps container at workstation immediately after use. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Sharps container properly labeled and is within arm's reach of each practitioner. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Cross-contamination avoided during procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Waste bagged and stored in a secure enclosure. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Proper use of sinks: decontamination sink, handwash sink. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. All chemicals labeled and stored properly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Dressings are sterile, if applied. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Sharps are properly disposed; records maintained and are available for inspection. |

FACILITY REQUIREMENTS: SECTION 119309, 119314

YES NO

- 1. Floors and walls are smooth, free of open holes and washable.
- 2. Adequate lighting provided.
- 3. Counters, service trays, chairs, and rests have a smooth, durable, and nonabsorbent finish.
- 4. Facility maintained free of vermin and insect infestation and kept in a clean and sanitary manner.
- 5. Be equipped with an accessible permanent hand sink, has hot/cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser.
- 6. Be separate from any residential areas used for sleeping, bathing, or meal preparation. This facility must have a separate entrance and toilet facility, shall not have a door allowing direct access between the body art facility and the residential dwelling.
- 7. Separated by a wall or floor to ceiling partition from nail and hair activities, and any other activities not related to body art.
- 8. Restrooms appropriately stocked and available. Equipped with a sink that has hot/cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser.
- 9. No animals shall be allowed in the procedure, decontamination and sterilizations areas.
- 10. Workstations are clean, free of clutter and personal material and able to be disinfected.

DECONTAMINATION AREAS: SECTION 119314

YES NO

- 1. Separated from procedure areas by at least 5 feet or by a cleanable barrier.
- 2. Equipped with a sink that has hot/cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser.
- 3. Have lined waste containers.

CLEANING AND STERILIZATION: SECTION 119315

YES NO

- 1. Ultrasonic cleaner-manufacturer's instructions followed and an appropriate cleaning agent used.
- 2. Autoclave is approved, operable, clean and properly maintained.
- 3. Autoclave passes Integrator test with each load and monthly spore test.
- 3. Autoclave is operated per manufacturer's instructions and specifications.
- 4. Sterilization log is maintained three years and results made available for inspection.
- 5. Autoclave is loaded correctly and log kept with:
 - (a) The date of the load.
 - (b) A list of the contents of the load.
 - (c) The exposure time and temperature.
 - (d) The results of the Class V integrator.
 - (e) For cycles where the results of the biological indicator monitoring test are positive, how the items were cleaned, and proof of a negative test before reuse.
- 7. Sterilization area is in an approved location.

Signed_____
Date