



**Body Art Facility
Inspection Report Form**

DCH-1468 (01-11)
AUTHORITY: P.A. 375 OF 2010

**NON-TRANSFERABLE
LICENSE NUMBER:** _____

FACILITY NAME	STREET ADDRESS	CITY VILLAGE OR TWP/ZIP	COUNTY
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FACILITY: PERMANENT <input type="checkbox"/> AFFILIATED TEMP <input type="checkbox"/> NON-AFFILIATED TEMP <input type="checkbox"/>	MDEQ Registration # _____
MUNICIPAL WATER: Y N MUNICIPAL SEWER: Y N	_____

OWNER	OPERATOR	PHONE NUMBER	DATES OF OPERATION: ____/____/____ to ____/____/____
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Notice to Operator: Non-critical items listed below must be corrected by the next regular inspection or as otherwise indicated. All critical items shall be corrected immediately or as otherwise indicated. (Michigan Public Health Code, Act 368 of 1978)	INSPECTION TYPE Pre-Opening Inspection.....1 Opening Inspection.....2 Routine Inspection... ..3 Follow-Up.....4 Complaint.....5 Other.....6
KEY: √ = COMPLIANT X= NON-COMPLIANT NA = NOT APPLICABLE (#) = GUIDELINES FOR BODY ART FACILITIES SECTION REFERENCE	

- CRITICAL VIOLATIONS:**
- TECHNICIAN & PATRON:**
- ___ **COMPLIANCE WITH MIOSHA Part 554 (6)**
 - ___ **BIOMEDICAL WASTE DISPOSAL (9, 13, 14, 15, 16, 17)**
 - ___ **TECHNICIAN TRAINING/ EDUCATION (7)**
 - ___ **MEDICAL GLOVE USAGE (14)**
 - ___ **NEEDLES, RAZORS, SINGLE-USE ITEMS (9, 13)**
 - ___ **BODY ART STENCILS / SKIN PRODUCTS SINGLE USE (13)**
 - ___ **INSTRUMENTS IN STERILE PACKAGE UNTIL USED (13, 14)**
 - ___ **SKIN PREPPED FOR TATTOO (13)**
 - ___ **NO PROCEDURE ON NON-INTACT SKIN OR MUCOSA (9)**
 - ___ **APPROVED HANDWASH SINK IN PROCEDURE AREA (16, 17)**
 - ___ **PROCEDURE AREA ORGANIZED TO PREVENT CROSS CONTAMINATION (9, 13, 14, 16)**
 - ___ **INSTRUMENTS USED, REPLACED OR DISCARDED (6, 7, 8, 9,13, 14, 17)**
 - ___ **STERILE GAUZE USED ONCE (13)**
 - ___ **ULTRASONIC UNIT USE/MAINTAINANCE (14)**
 - ___ **MONTHLY SPORE TESTING DOCUMENTED (14, 17)**
 - ___ **TECHNICIAN NOT UNDER THE INFLUENCE (5, 9)**
 - ___ **TECHNICIAN'S PERSONAL HYGIENE (9, 14)**
 - ___ **SELLING/ GIVING BODY PIERCING KIT OR OTHER BODY PIERCING DEVICE TO A MINOR (5, 9, 21)**
 - ___ **CLIENTS COHERENT/ NOT UNDER THE INFLUENCE (5, 9)**
 - ___ **WRITTEN CONSENT OF PARENT OR GUARDIAN FOR CLIENTS UNDER 18 (11)**
 - ___ **NO ANIMALS, INSECTS, RODENTS, OR VERMIN (16)**
 - ___ **SMOKING NOT PERMITTED AND SIGN POSTED (5)**
- CLEANING & STERILIZATION:**
- ___ **JEWELRY STERILIZED IMPLANT GRADE MATERIAL (13)**
 - ___ **ROTARY PEN CLEANED AND STERILIZED (13)**
 - ___ **TATTOO PIGMENT/ INK BOTTLES STORED/USED (13)**
 - ___ **WASTE CONTAINERS COVERED & CLEAN (9, 13, 14, 15, 16)**
 - ___ **CLEANING/ DISINFECTING PROCEDURE AREA AFTER USE (9, 13, 14, 16)**
 - ___ **PROPER CLEANING AND STERILIZATION OF OBJECTS CONTAMINATED OR EXPOSED TO OPIM (9, 13, 14, 15)**
 - ___ **TECHNICIAN'S OR INDIVIDUAL'S SAFE PRACTICES (9, 14)**

- NON-CRITICAL VIOLATIONS:**
- FACILITY STANDARDS:**
- ___ SUFFICIENT LIGHTING / MAINTAINED (16, 17, 19)
 - ___ FLOOR SPACE IN PROCEDURE AREA (16, 17)
 - ___ WELL VENTILATED, SCREENS GOOD REPAIR (16)
 - ___ PROCEDURE AREA SEPARATE FROM CUSTOMER AREA (16)
 - ___ SEPARATE ROOM FOR CLEANING, DISINFECTING AND STERILIZING (16)
 - ___ FACILITY HAS SELF-CLOSING DOORS (16)
 - ___ WALLS, FLOORS, CEILINGS, SURFACES CLEAN & GOOD REPAIR (16)
 - ___ ADEQUATE RESTROOM AND HANDWASHING (9, 16)
 - ___ RESTROOM WITH HANDSINK, TOILET, COVERED WASTE RECEPTICLE (16)
 - ___ ALL CONTAINERS PROPERLY LABELED (16)
- RECORDS & PUBLIC NOTICE:**
- ___ CURRENT LICENSE POSTED IN CUSTOMER SERVICE AREA (5)
 - ___ HEP B VACCINATION STATUS OR DECLINATION DOCUMENTED (5, 8)
 - ___ BODY ART VERBAL AND WRITTEN EDUCATION MATERIALS PROVIDED (10)
 - ___ TECHNICIAN AND CLIENT RECORDS MEET MINIMUM STANDARDS (5, 11, 12)
 - ___ AFTERCARE INSTRUCTIONS PROVIDED (10, 11)
 - ___ REQUIRED FORMS SIGNED BY CLIENT AND TECHNICIAN (10, 11, 19)
 - ___ RECORD OF ALL BODY ART PROCEDURES PERFORMED (5, 11)
 - ___ DISCLOSURE STATEMENT, NOTICE FOR FILING COMPLAINTS, FACILITY CHANGE, RECORDS KEPT CONFIDENTIAL AND SECURE (5, 11, 12)
 - ___ BODY ART SUPPLY INVENTORY AVAILABLE (5)

Received by: _____ Inspected by: _____ Date ____/____/____

