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| Inspector Name: | Inspection Date: |
| Name of Establishment: | |
| Address of Establishment: | Phone Number: ( ) - |
| **Type of Establishment:**  \_\_\_Tattoo \_\_\_Piercing \_\_\_Tattoo andPiercing \_\_\_\_ Microblading  \_\_\_\_ Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | |
| **Reason for Inspection:**  Pre-Operation Inspection Annual Inspection    Complaint Investigation Injury Report Investigation | |

**Instructions:** Review record keeping and documentation with the establishment owner, manager, or staff member to visually verify all required records and signage.

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| **Reg. Citation** | **Record Keeping & Documentation** | | **PASS** | **FAIL** |
|  | Hours of operation are clearly posted | |  |  |
| 3.4; 5.6.1 | BPHC facility permit is posted and is current (or application has been submitted for a new establishment) | |  |  |
| 3.4 | Body art procedures offered match BPHC facility permit | |  |  |
| 3.2; 5.3; 5.6.4(f); | Each artist working in the establishment has a current BPHC body artist license posted and records are kept of all artists | |  |  |
| 5.6.4(d); 8.5 | Use and Occupancy Permit is posted | |  |  |
|  | Facility has a copy of the Body Art Regulations | |  |  |
| 5.6.4(a)(b)(c) | A facility emergency plan (appropriate contact numbers and what to do in an emergency) is posted publicly and a telephone is accessible with emergency numbers posted at it | |  |  |
| 5.6.2; 5.6.3; 7.0 | Facility has a client consent/disclosure statement that meets regulatory requirements that is posted publicly and given to each client (must include BPHC contact info) | |  |  |
| 13.0 | Facility keeps client consent and procedure information available for inspection for 3+ years (info includes client name, address, DOB, procedure details, consent form, practitioner) | |  |  |
| 12.2, 12.3 | Contract with an approved hauler for contaminated waste and sharps | |  |  |
| Guide. 10(d) | Autoclave manufacturer’s instructions available | N/A |  |  |
| Guide. 10(g) | Monthly autoclave spore destruction tests records available | N/A |  |  |

**Instructions:** Quiz the business owner, manager, or an artist on their knowledge of the following practice restrictions required by regulation. If the establishment does not provide piercing, questions on piercing age restrictions can be skipped. If the establishment does not provide tattooing, skip the age restriction question.

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| **Reg. Citation** | **Practice Restrictions** | | **PASS** | **FAIL** |
| 5.7 and 17.1(f) | No practitioners present or allowed to work under the influence of alcohol or other drugs | |  |  |
| 14.2 | No clients receive body art services while under the influence of alcohol or other drugs | |  |  |
| 5.8.1 | No tattooing/branding/scarification of any person under the age of 18 | N/A |  |  |
| 5.8.1 | No piercing of the genitals of any person under the age of 18 | N/A |  |  |
| 5.8.2 | No body piercing of any kind performed on a child under age 14 | N/A |  |  |
| 5.8.2 | Body piercing (other than of the genitalia) performed on minors 14 years of age or older only with signed consent from a properly identified parent/legal guardian accompanying the minor | N/A |  |  |
| 8.6 | No other uses of the establishment that may cause the contamination of instruments, equipment, a procedure work surface, or workstation | |  |  |
| 14.14 | No pets or other animals are allowed in a body art establishment with the exception of service animals and fish aquariums in non-procedural areas | |  |  |
| 14.14 | No body art may be performed upon any animal in the facility | |  |  |
| 14.1; 14.6; 14.7 | Practitioners may not eat, drink, or smoke while in the workstation or while performing a body art procedure | |  |  |

**Instructions:** Conduct a visual assessment of the establishment for each checklist item. For establishments with a waiver allowing for ‘open concept’ layout, full wall separation between the procedure area and waiting area may be marked “N/A”.

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| **Reg. Citation** | **General Physical Facility** | | **PASS** | **FAIL** |
| 8.4;  Guidelines - walls | Walls, floors, and ceilings are smooth and clean, nonabsorbent, washable, light colored, and free from open holes or cracks | |  |  |
| 8.4; guidelines | Establishment space is physically separate from non-establishment space (residential area, other businesses, etc.) by full walls and doors | |  |  |
| 8.4; Guidelines – waiting area | Client waiting area and/or retail area is separated from the body art procedure area by full wall(s) and door(s) | N/A |  |  |
| 8.5 | Facility is free of signs of insect and/or rodent infestation | |  |  |
| 8.5 | Facility has adequate ventilation for the space | |  |  |
| 8.5 | Facility has adequate lighting | |  |  |
| 8.4; Guidelines – waiting area | At least one bathroom is accessible to clients and kept in a sanitary condition and includes: toilet, sink with hot and cold water under pressure, toilet paper, liquid soap, paper towels in a fixed dispenser, and a covered foot-operated trash receptacle | |  |  |
| 12.1 | Solid waste (trash, etc.) is stored in covered, leak-proof, rodent resistant containers and removed weekly at a minimum | |  |  |

**Instructions:** Conduct a visual assessment of all components of the instrument and supplies cleaning and storage areas for the following items. If the establishment uses 100% disposable tubes, grips, needles, and all other instruments that make direct contact with client skin, an autoclave is not required and can be marked N/A.

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| **Reg. Citation** | **Sanitation, Sterilization, and Storage Areas** | | **PASS** | **FAIL** |
| 11.0;  Guide 8.4 | The instrument storage area is clean, dry, secure, and utilizes covered containers for instrument storage. Only body art instruments are stored in this area | |  |  |
| Guide 8.4 | A separate instrument cleaning area is present separate from public areas and workstations and in sanitary condition | |  |  |
| Guide.  8.4 - Sinks | An instrument cleaning sink (separate from hand washing sinks, bathroom sinks, and custodial/janitorial sink) is present with hot and cold running water under pressure | |  |  |
| 11.0 | An ultrasonic cleaning unit is present in the instrument cleaning area that is sanitary and in working order | |  |  |
| 11.0;  Guide 8.4 – Cleaning Area | If non-disposable instruments are used, an autoclave is present, clean, in working condition with a successful recent spore test, and located 36+ inches from the ultrasonic cleaning unit | N/A |  |  |
| 10.2 | Sterilizer packs have a temperature/sterilizer indicator and an expiration date not to exceed 6 months and are intact | N/A |  |  |

**Instructions:** Conduct a visual assessment of all body art workstations for the following items.

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| **Reg. Citation** | **Body Art Procedure Area** | **PASS** | **FAIL** |
| Guide 8.4  Workstation(a) | There is at least 45 square feet per practitioner |  |  |
| Guide 8.4 | Procedure surfaces are smooth, and easy to clean and sanitize |  |  |
| Guide 8.4 | Client chairs/benches easy to clean and sanitize |  |  |
| Guide 8.4 Workstation(e) | Dividers separate each workstation from the other |  |  |
| Guide 8.4 Workstation(g) | Each workstation has adequate lighting (at least 100 foot-candles at the procedure level and instruments/sharps areas) |  |  |
| Guide 8.4 Sinks (a) | A hand sink including hot/cold water under pressure, liquid soap and disposable paper towels in fixed dispensers is available to each workstation  (minimum 1 sink per 2 workstations) |  |  |
| 12.0 | Each workstation has a covered, foot operated waste receptacle that is emptied at least daily |  |  |
| 12.0; 12.2; 12.3 | Each workstation has an appropriate sharps disposal container. All contaminated (red bag) waste and sharps must be disposed of by an approved waste hauler in accordance with 105 CMR480.000 at least monthly – check for a hauler contract |  |  |

**Instructions:** Using a combination of visual observation of any body art in progress or interview with artists, verify the following practice requirements.

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| **Reg. Citation** | **Practice Standards** | **PASS** | **FAIL** |
| 14.6 | All artists/practitioners maintain a clean personal appearance: clean clothes, thorough hand washing prior to and following work, free of skin rashes/infections |  |  |
| 14.1 | Practitioners perform body art according to CDC universal precautions: wear single use gloves during procedures which are changed when torn/contaminated as often as needed |  |  |
| 14.7 | Gloves are worn when handling instruments and instruments are shrouded/covered as necessary (bag the machine, cover the cord, etc.) |  |  |
| 14.3 | Ear piercing guns are used on ears only |  |  |
| 7.3; 7.4; 14.4 | Practitioners review health status with clients before work is done to identify health concerns: use of drugs/alcohol, history of diabetes, bleeding disorders, infectious diseases, keloid scaring, seizure disorders, skin rashes/infections, allergies, and medications |  |  |
| 7.0; 7.4 | Practitioner reviews consent form with client and secures signature before beginning work |  |  |
| 14.12 | Client’s skin is prepared for the work by cleaning/disinfecting with soap/alcohol and is free from visible infection |  |  |
| 9.3 | Practitioner uses only materials (inks, dyes, pigments, needles, etc.) manufactured for body art use and used in accordance with manufacturer’s instructions (Check a random sample to make sure inks are not expired) |  |  |
| 9.1; 9.2; 9.4; 9.5 | Single-use products (needles, razors, gauze, etc.) are used on a single client and then disposed of appropriately. Inks are dispensed into single-use containers for a single client and then discarded – don’t return to storage bottles or dip directly from large storage bottles/jars |  |  |
| 14.11 | Reusable instruments contaminated during a procedure are replaced immediately |  |  |
| 10.0 | Reusable instruments are cleaned after each client by processing in an ultrasonic cleaner, packed individually into sterilizer packs, and sterilized by steam autoclave before use on the next client |  |  |
| 7.6 | All clients are given aftercare instructions by their artists/practitioner or the establishment |  |  |

**Inspection Notes:**

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**Inspection Result:**

* **Pass**
* **Fail**

**Corrective Actions To Be Taken:**

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**Deadline for Corrective Actions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inspector Signature & Date Facility Representative Signature & Date

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