

Tattoo / Body Piercing / Microblading Inspection Checklist

Legacy Tattoo
609 Lincoln Way West
Chambersburg, PA 17201
717-263-5555

Date: _____

Email Address: _____

Artist Name: _____ Type of Inspection: Tattooing Piercing Microblading

Place an X in the appropriate column to denote compliance status. Placing an X in the NO column indicates that a violation has been noted. Place an X in the N/A column for lines that are not applicable to this facility. This checklist is not all inclusive of regulations applicable to tattoo, body piercing, or microblading facility operations.

This is a: Bi-Annual Inspection _____ Re-inspection _____ Opening Inspection _____ Complaint Inspection _____

Ordinance No. 2020-06 § 261.7 - License

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Establishment's License current and displayed conspicuously?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Establishment submitted a Tattoo, Piercing, or Microblading Facility License Application acceptable to the Borough of Chambersburg?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Establishment received approval of current or proposed location?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the annual License Fee been paid?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the records of training in CPR and blood-borne diseases of all personnel kept on file?

Ordinance No. 2020-06 § 261.9 - Health and Sanitation Requirements: A. Premises

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors, Walls, and Ceilings are in good condition? (no holes or cracks)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors, Walls, and Ceilings are smooth and easily cleanable?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the floors of tattooing areas and restrooms non-carpeted? (carpeting is prohibited)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the physical facilities clean?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the restroom facilities available to employees and patrons?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the lavatories supplied with hot and cold water, liquid soap, and single use towels?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a sink supplied with hot and cold water, antibacterial soap, and single use towels in each tattoo area or located within the overall workroom area?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a covered waste container provided in the tattooing and/or body piercing area?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the phone numbers of local medical service and police prominently posted?

Ordinance No. 2020-06 § 261.9 - Health and Sanitation Requirements: B. Equipment

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIERCING: Are jewelry materials used either high-quality stainless steel, gold, inert plastics, or other approved materials found to be safe for use in body piercing?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are disposable gloves available and used?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the facility use only single-service or individual containers of dye or ink for each patron and the containers are immediately discarded after completing work on a patron?

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Ordinance No. 2020-06 § 261.9 - Health and Sanitation Requirements: B. Equipment (continued)

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are proper sterilization techniques used?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are tables and equipment made with a smooth washable finish and separated from waiting customers by a panel or counter at least four (4) feet high?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are nondisposable/nonautoclavable items and surfaces, including arm and leg rests, equipped with a disposable poly-barrier or sleeve, and are new barriers/sleeves used for each client?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are needles, tubes, and all other sharps single-use and sterilized?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all clean and ready-to-use needles, tubes, and all other sharps and instruments stored in a closed glass or metal case or storage cabinet while not in use?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the facility use a steam sterilizer (autoclave) for sterilizing needles, tubes, and other instruments before use on any customer or person?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the steam pressure gauge accuracy maintained according to manufacturer recommendations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autoclave Spore Test - Conducted each quarter, records kept for a period of three (3) years Date of last test: <u>Every month</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a Class 5 steam sterilization integrator used in all loads to be sterilized and numbered to correspond with the lot number of the sterilized contents?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are sterile packaged instruments marked with a lot number, and is there a logbook that tracks the processing date, contents, temperature, time, integrator result, spore test result, and name of person responsible for processing?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are lot numbers marked on pre-sterilized items, and is there a three (3) year logbook available that keeps track of the manufacturer name, item description, date received and expiration date?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are stencils single-use, unless composed of acetate, and are acetate stencils disinfected?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the equipment clean and sanitary?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all equipment user manuals, as supplied by the equipment manufacturer, stored at the establishment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are bandages and surgical dressings stored in a sterile manner?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are needles and all other sharp instruments along with gloves, gauze, and other materials contaminated with blood discarded by a reputable infectious waste service company with records of such kept for three (3) years?

Ordinance No. 2020-06 § 261.9 - Health and Sanitation Requirements: C. Operations and Personnel

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Artist completed a vaccination series or laboratory tests for Hepatitis B, Hepatitis C, and HIV-1; or does antibody testing show immunity to certain diseases; or is a vaccine contraindicated for medical reasons? (A signed statement from a licensed physician must be provided to the Board yearly prior to issuance or renewal of the license).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Artist scrub hands with soap and hot water before each procedure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are surgical gloves worn by the Artist and changed between procedures or if they become torn or punctured are they discarded?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Artist wear protective eyewear and fluid resistant masks if necessary for the procedure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the Artist have any open sores, skin infections, or weeping lesions?

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Ordinance No. 2020-06 § 261.9 - Health and Sanitation Requirements: C. Operations and Personnel (continued)

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the Artist show any signs of providing services while having an acute respiratory infection or other disease or condition which is diagnosed to be in a communicable or transmissible condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Artist clean the area to be tattooed and/or pierced with antiseptic soap or surgical scrub prior to the procedure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is petroleum jelly or antibiotic ointment used for tattooed or pierced areas?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is understood that the use of styptic pencils, alum blocks, or other solid styptics to check the flow of blood is prohibited.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is understood that this establishment shall not attempt to remove a tattoo.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is understood that animals shall not be permitted in this establishment, unless permitted by law.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Operator completed an approved course on control and prevention of blood-borne diseases?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Operator completed an approved course on CPR?

Ordinance No. 2020-06 § 261.9 - Health and Sanitation Requirements: D. Clients

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the establishment have parent/guardian consent forms on file for seven (7) years for persons under 18 years of age?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the establishment have a policy that no tattooing and/or body piercing will be done on a skin surface that has a rash, pimples, boils, infection, or evidence of unhealthy conditions or infectious disease?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator reports any infection resulting from the practice of tattooing to the Borough of Chambersburg's Board of Health.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Artist will not provide any service if the client appears to be under the influence of drugs or alcohol.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	After care instructions are provided to each client both verbally and in written form.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is the policy of this establishment to require that the client complete an application with their name, birth date, proof of age, address, phone number, procedure performed, date of procedure, Artist name, and client signature, which shall be retained for a minimum of three (3) years.

Person in Charge Signature: *Dorell A. Byrd* Date: 6/28/22

Inspector Signature: *[Signature]* Date: 6/28/22