CITY OF NEW HAVEN Health Department 424 Chapel St



Tattoo and Body Piercing Shop Health Code Inspection

Name of Establishment:

Address:

Services:

Inspection Date:

Key: IN: In compliance | OUT: Out of compliance | N/O: Not observed | N/A: Not applicable

| Water Supply | Compliance | Work Stations | Compliance |
|--|------------|---|------------|
| Water supply adequate and safe | | In-residence shop completely separate from living/sleeping quarters | |
| Hot and cold water pressurized and provided as required | | No foods or beverages on premises unless permitted | |
| Sewage Disposal | Compliance | No animals/pets in working areas | |
| Approved method of sewage disposal | | Work stations properly maintained | |
| Facility Requirements | Compliance | A labeled sharps container available for each work station | |
| Approved plumbing fixtures present, clean, and maintained | | A door, partition, or curtain present in procedure rooms to provide privacy | |
| No potential cross-connection, back siphonage, backflow | | All work surfaces non-porous, durable, and easy to clean and sanitize | |
| Toilets and washbasins adequate, convenient, accessible, designed, installed | | Hand sinks easily accessible | |
| Proper restroom fixtures in good repair and clean | | Personnel | Compliance |
| Anti-bacterial soap in dispensers, single-use towels provided at hand sinks | | All personnel properly licensed as required by DPH | |
| Adequate number of covered refuse containers provided and clean | | Licenses are posted in a conspicuous area | |
| Utility sink provided for instrument cleaning | | All personnel are up-to-date with bloodborne pathogens and First Aid training | |
| Outside disposal area and enclosures properly constructed and clean | | No personnel with infectious or communicable diseases present | |
| Floors/walls/ceilings properly constructed, in good repair, and clean | | Good hygienic practices, smoking/vaping prohibited | |
| Adequate ventilation, no excess heat or odors | | Hands washed effectively before and after serving each client | |
| Record Keeping | Compliance | Clean outer garments | |
| Informed consent, waiver, and medical release forms on file for a minimum of 2 years for each client with properly documented/verified identification | | Sanitation and Sterilization | Compliance |
| Appropriate written aftercare instructions available | | Disposable gloves available | |
| Needle stick protocol available | | Disinfected utensils kept in sanitary covered containers when not in use | |
| Sharps collection service records maintained and available | | Proper use of recommended disinfection techniques/solutions | |
| A complete set of procedures outlining the use of the equipment and disinfecting/sanitizing procedures | | Attached equipment and fixtures are properly constructed, maintained, and clean | |

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| Machines and Setups | Compliance | Autoclave area at least 36" from ultrasonic cleaning unit |
|---|------------|---|
| All chemicals and liquids are properly labeled and stored | | Sterilizer packs intact |
| All items in setup are new, disinfected, or sterilized | | Sterilizer packs have temperature/sterilizer indicator and posted expiration date that does not exceed 6 months |
| Ultrasonic cleaning unit present and functioning with appropriate cleaning agent | | Non-disposable instruments cleaned and disinfected after each customer |
| Autoclave is approved, cleaned, and properly maintained with up-to-date spore test results, if used | | Non-disposable instruments processed in an ultrasonic unit, packed individually in sterilized packs and sterilized by steam autoclave |
| Setups have only equipment necessary for procedures | | Proper use of single-service items |

Comments:

Date of Inspection:

Inspector Signature:

Date of Required Compliance:

Person in Charge Signature: