



Body Art Establishment – Self Inspection Checklist

Business Name: _____ **Date:** _____

Artist's Name Conducting the Inspection: _____

All items listed **NO** in the following are in violation of Ohio Administrative Code Chapter 3701-9 and must be corrected

- YES NO**
3701-9-02 Board of Health Approval
 ___ (A) Permit to operate
 ___ (B) Plan approval

Comments:

- YES NO**
3701-9-05 Additional Requirements for Tattoo Services
 ___ (A) Prior to procedure, area to be tattooed shall be thoroughly cleaned & prepared
 ___ (B) Only single use & disposable products applied to skin, including stencils
 ___ (C) Use only single use dyes or inks for each tattoo
 ___ (D) Antiseptic solution & disposable gauze available for patron skin post-prep & dressing

Comments:

- 3701-9-04 General Safety & Sanitation**
 ___ (A) Premises at least 100 square feet
 ___ (A) Each individual body artist shall have at least a 36 ft² area & be separated from waiting patrons
 ___ (B) Entire procedure room & equipment area maintained in a clean sanitary condition & in good repair
 ___ (C) 40 foot-candles of light at tattoo level
 ___ (D) All floors & walls shall have impervious, smooth, washable surfaces
 ___ (E) All tables & equipment smooth & easily cleanable
 ___ (F) Restroom facilities available to employees & patrons
 ___ (F) No body art equipment or supplies stored in restroom
 ___ (G) Hand washing sink, separate from restroom, in close proximity to each body artist
 ___ (H) No exposed plumbing creating potential hazard
 ___ (I) Closed receptacles for trash
 ___ (J) No live animals in body art establishment
 ___ (K) No food or drink is to be consumed in body art areas
 ___ (K) No smoking in body art establishment
 ___ (L) Infectious waste disposal approved
 ___ (M) Training records of all personnel
 ___ (N) Approved infection prevention & control plan
 ___ (O) Artist restrictions
 ___ (P) Consent documents for persons under 18 years old
 ___ (Q) Physician care documentation for patron's with medical conditions
 ___ (R) Body art performed only on normal healthy skin.
 ___ (S)(1) Only sterile instruments used during a procedure
 ___ (S)(2) Hand washing & soap available, performed before & after each procedure
 ___ (S)(3) Disposable gloves shall be used & available
 ___ (S)(4) Only sterilized, single use, disposable needles used
 ___ (S)(5) Separate disposable razors available if necessary
 ___ (S)(6) Single use marking instruments used
 ___ (S)(7) Individual lap clothes available
 ___ (S)(8) Procedure area cleaned & disinfected after use
 ___ (S)(9) Single use applicators for all soaps, inks, dyes, pigments & ointments applied to skin
 ___ (T) Oral & written care instructions available
 ___ (V) In use sharps container
 ___ (W) Records of all patrons, dyes, colors, manufacturers, lot numbers, & jewelry used shall be maintained for at least 2 years

- 3701-9-06 Additional Body Piercing Services**
 ___ (A) Prior to procedure, area to be pierced shall be thoroughly cleaned & prepared
 ___ (A) In case of oral piercings, alcohol-free, antiseptic mouthwash in single use cup shall be used to thoroughly clean prepared area
 ___ (B) Jewelry sterile & approved per rules

Comments:

- 3701-9-08 Sterilize & Disinfection Procedures**
 ___ (A) All non-disposable equipment thoroughly cleaned & sterilized properly
 ___ (A) Ultrasonic & steam sterilizer used, cleaned, & maintained per manufacturer to remove dyes & matter from non-disposable instruments
 ___ (A) Sterilization procedures available & sterilizer maintenance record available for 2 years
 ___ (B)(1) Sterilization pouches with color change indicator available
 ___ (B)(2) Sterilization integrator for each load indicating minimum sterilization conditions existed
 ___ (B)(3) Weekly biological indicator test submitted to an independent testing entity for analysis
 ___ (C) Record log of date, time, name of person, sterilization integrator, & independent biological testing entity performing test & sterilization results for 2 years
 ___ (D) New steam sterilizers or sterilizers in new body art establishments are designed to sterilize hollow instruments & equipped with mechanical drying cycle
 ___ (E/G) Procedures for remedial action in the event a sterilization test fails
 ___ (F/H) After sterilization has been achieved, sterilized equipment remains in pouches & is stored properly in inventory until use
 ___ (I) Expiration date for sterilized equipment or instruments is one year from date of sterilization

Comments:

Comments:

