

BODY PIERCING STUDIO INSPECTION REPORT

Name of Studio: _____ Address: _____

Technician 1 : _____ Address: _____

Technician 2 : _____ Address: _____

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| 1. STUDIO SANITATION | <input type="checkbox"/> Hands washed/dried, gloves worn <input type="checkbox"/> Single use articles; commercial source; proper handling/storage | <input type="checkbox"/> Approved sanitizers used; stored; labeled <input type="checkbox"/> No animals |
| 2. WORK TABLES, CHAIRS, BENCHES | <input type="checkbox"/> Sanitized before and after each use <input type="checkbox"/> Light colored | <input type="checkbox"/> Smooth, nonabsorbent, corrosive resistant, easily sanitized |
| 3. GENERAL PHYSICAL ENVIRONMENT | <input type="checkbox"/> Toilet and hand washing facilities for customers provided; sanitary; soap and hand towels provided <input type="checkbox"/> Building, equipment, premises in good repair; clean; no litter or rubbish; no insects or rodents <input type="checkbox"/> Light colored walls and ceilings <input type="checkbox"/> Work room floor, walls, and ceilings impervious <input type="checkbox"/> Adequate ventilation | <input type="checkbox"/> Approved pre-sterilized jewelry or ornaments used; jewelry used for intended body part <input type="checkbox"/> Cleaning room sink reserved for instrument clean up <input type="checkbox"/> Cleaning room provides separate areas for cleaning and storage of sterilized equipment <input type="checkbox"/> Ultrasonic cleaning units properly labeled; cleaned <input type="checkbox"/> Minimum 50 foot candles of light |
| 4. WORK AREA | <input type="checkbox"/> Separated by solid wall from other activities <input type="checkbox"/> Foot operated waste receptacles provided <input type="checkbox"/> Sharps container provided | <input type="checkbox"/> Hot and cold running water <input type="checkbox"/> Hand sink in each work area, operated by wrist/knee <input type="checkbox"/> No eating, drinking, or smoking |
| 5. PIERCING PROCEDURES | <input type="checkbox"/> Skin care instructions provided orally and in writing to each client; posted in conspicuous place <input type="checkbox"/> Technician wears clean outer garment; good health; hands washed with antibacterial soap; dried properly <input type="checkbox"/> Disposable gloves worn; changed as needed | <input type="checkbox"/> Skin area treated with antibacterial solution prior to piercing <input type="checkbox"/> Razors single use <input type="checkbox"/> New disposable bibs or clean linens used <input type="checkbox"/> Needles single use; disposed of in sharps container |
| 6. STERILIZATION OF EQUIPMENT | <input type="checkbox"/> Instruments cleaned in ultrasonic, sterilized, properly packaged in sterilizer bags with color change indicator <input type="checkbox"/> Clean instruments have date and initials of preparer | <input type="checkbox"/> Used equipment stored in liquid until properly cleaned <input type="checkbox"/> Autoclave spore tested monthly, records kept 3 years <input type="checkbox"/> Non-sterilizable instruments properly disinfected |
| 7. RECORDS AND CONSENT RELEASE | <input type="checkbox"/> Maintained 3 years, available for inspection <input type="checkbox"/> Patient education provided, recorded <input type="checkbox"/> For each client: name, date of birth, address, type and location of pierce, date pierced, technician's name | <input type="checkbox"/> Technician has current registration <input type="checkbox"/> Parent/guardian consent for minors; on file <input type="checkbox"/> Exposure control plan completed; provided |
| 8. WASTES | <input type="checkbox"/> Wastes disposed of properly, in compliance with Infectious Medical Waste Rule, 64-CSR-56 | |
| 9. WATER SUPPLY | <input type="checkbox"/> Approved, potable per 64-CSR-3, 19, & 46 | |
| 10. SEWAGE DISPOSAL | <input type="checkbox"/> Approved, in good repair, proper construction per 64-CSR-9 | |

| ITEM | REMARKS |
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Date: _____

Sanitarian: _____

Technician Signature: _____