



TATTOO/BODY PIERCING ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME: East Coast Cosmetics Academy DATE 1/3/2023

ESTABLISHMENT ADDRESS: 200 E. Main St. Pomeroy OH 45769
Street number Street name City Zip

TATTOO/PIERCING/BOTH
 (CIRCLE ONE)

Is the establishment in compliance? Y=Yes, N=No, NA=Not applicable (Place X in the appropriate column)

(Y)	(N)	(NA)	(Y)	(N)	(NA)
3701-9-04		GENERAL SAFETY & SANITATION	3701-9-04		GENERAL SAFETY & SANITATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A Floor space 36ft2 & privacy	<input type="checkbox"/>	<input type="checkbox"/>	T After care procedures provided
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B Room & Equipment sanitary & condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	U Complaint compliance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	C Lighting adequate 20/40 foot candles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	V Proper sharps disposal
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Floor & wall surfaces smooth & cleanable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W Procedure records for 2 years
<input checked="" type="checkbox"/>	<input type="checkbox"/>	E Equipment smooth & cleanable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W1 Patrons name
<input checked="" type="checkbox"/>	<input type="checkbox"/>	F Restroom available & stocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W2 Patrons address
<input checked="" type="checkbox"/>	<input type="checkbox"/>	G Hand sink available & stocked in room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W3 Patrons date of procedure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	H Plumbing in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W4 Colors & manufacturer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I Trash receptacle with lid in room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> W5 Jewelry type & manufacturer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	J Animals restricted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W6 Placement of procedure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	K Eating/vaping/smoking restricted			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	L Water/Septic/Trash/Infectious Waste OEPA & ODH compliance			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	M1 Artist training documentation	3701-9-05		ADDITIONAL REQUIREMENTS TATTOO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	M2 Sterilization training documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A Patrons skin cleaned/antiseptic applied with single use materials
<input checked="" type="checkbox"/>	<input type="checkbox"/>	M3 First Aid/Bloodborne pathogens training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B Single-use stencils, no petroleum with latex
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N Infection prevention & control plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C Only commercially produced inks, dyes, pigments. Single use dispensing of dyes and excess ink.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	O Artists no drugs/alcohol/infectious diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Tattoo washed with antiseptic solution, Sterile covering applied
<input checked="" type="checkbox"/>	<input type="checkbox"/>	P Under 18 parent/guardian/custodian consent			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	P1 Consent documentation			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	P2 In Person consent			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	P3 Nipple/areola/genital restriction			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Q Health conditions/Physician releases			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	R Performed on healthy skin only			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S Disease transmission precautions			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S1 Sterile instruments/aseptic technique			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S2 Handwashing before/after, fingernails			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S3 Proper glove use, pre & post procedure			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S4 Only sterile & single-use needles, disposal			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S5 Single use razors only			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S6 Single use or sterilized markers			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S7 Single use blood cleanup, no styptics			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S8 Procedure area cleaned & disinfected			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S9 Aseptic technique for use of inks, dyes, ointment, etc.			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S10 Non-single use equipment cleaned & sterilized			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S11 Handwashing & Glove use during sterilization			

COMMENTS
 # Facility does not perform procedures on anyone under 18 years of age
 *Make sure facility keeps records of weights of infectious waste
 *Make sure control plan is located on site at facility



☑ 3701-09-06 ADDITIONAL REQUIREMENTS BODY PIERCING

- A Area cleaned and antiseptic applied, alcohol-free antiseptic mouthwash used in for oral piercings
- B Only certified metal, sterilized used

☑ 3701-09-07 EAR PIERCING STANDARDS

- A Operator trained to use equipment per manufacturer
- B Proper glove use during procedure
- C Ear piercing gun shall be clean/disinfected between uses
- C1 Gun cleaned in ultrasonic cleaner or scrubbed with disinfectant OR
- C2 All disposable parts removed and disposed
- C3 Gun is cleaned with appropriate disinfectant
- C4 Gun is exposed to blood
- C4.1 Return gun to manufacturer as instructed OR
- C4.2 Sterilize gun according to OAC 3701-09-08 OR
- C4.3 Discard gun
- D Gun stored in container or cabinet
- E Patron informed of equipment sterilization prior to procedure

☑ 3701-09-08 STERILIZATION AND DISINFECTION PROCEDURES FOR BODY ART SERVICES

- A Non-disposable instruments/equipment cleaned & sterilized
- A1-A11 Procedures for cleaning/sanitizing/storing non-disposable instruments/equipment
- B All sterilizers cleaned/maintained/monitored
- B1-B3 Proper use of indicators/integrators during the sterilization process
- C Documentation for use of indicators/integrators on file
- C1-C4 Documentation properly completed
- D Steam sterilization equipment requirements for hollow instruments
- E Re-sterilize and Re-package wet or damp sterilized package instruments/equipment
- F Sterilized instruments shall remain packaged and stored until use
- G Sterilizer shall not be used if not properly sterilizing instruments
- H Sterilized instruments/equipment shall remain in pouches/handled with gloves/and properly stored
- Compromised pouches shall not be used
- I Sterilized instruments shall not be used one year after the date of sterilization

COMMENTS

* All instruments in facility are disposable & do not require sterilization
 ↳ 3701-09-08

* NO Ear piercing is done at the facility (3701-09-07)

OWNER/PIC: Kelly J. Yang

INSPECTED BY: Gloria J. Inspect