

Type of Establishment: Permanent <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/>	Tattoo Establishment Inspection Report	Johnson County Public Health	
Establishment: Name: <u>Dark cloud</u> Owner: <u>Kalvin Rosario</u> Address: <u>440 Kirkwood Ave</u> City/State/Zip: <u>Iowa City, IA</u> Phone Number: _____		Inspection Date: <u>11/26/24</u> Time: _____ Length: _____ Date of Re-Inspection: _____ Permit No.: <u>TAT-E-10589</u>	

Inspection of the establishment shows violations existing in the items identified with an "✓" below.

Permanent establishments require sections A-E	Temporary establishments require sections A,E,F	Mobile establishments require sections A,C, E, G
A. Permit Requirements 1. Establishment permit is current 641-22.9(1)..... (a) <input checked="" type="checkbox"/> 2. Establishment permit is posted in a conspicuous location 641-22.9(1)..... (b) <input checked="" type="checkbox"/> 3. Each artist's permit is current 641-22.10(1)..... (c) <input checked="" type="checkbox"/> 4. Each artist's permit is posted in a conspicuous location 641-22.10(6)..... (d) <input checked="" type="checkbox"/> B. Sanitation and Infection Control 1. Tables, chairs and other equipment are impervious smooth and easily cleanable 641-22.4(1)..... (a) <input checked="" type="checkbox"/> 2. Sink for hand washing 22.4(2)..... (b) <input checked="" type="checkbox"/> i. Mixing type faucet..... (c) <input checked="" type="checkbox"/> ii. Hot and Cold running water..... (d) <input checked="" type="checkbox"/> iii. Soap..... (e) <input checked="" type="checkbox"/> iv. Paper towels or hand dryer..... (f) <input checked="" type="checkbox"/> 3. Toilet facilities with handwashing sink available 641-22.4(3)..... (g) <input checked="" type="checkbox"/> 4. Condition of the establishment 641-22.4(4)..... (h) <input checked="" type="checkbox"/> i. is at least 300 square feet..... (i) <input checked="" type="checkbox"/> ii. is adequately lighted..... (j) <input checked="" type="checkbox"/> iii. is adequately ventilated..... (k) <input checked="" type="checkbox"/> 5. Floors are impervious, smooth and washable 641-22.4(5)..... (l) <input checked="" type="checkbox"/> 6. Entire premises are 641-22.4(6)..... (m) <input checked="" type="checkbox"/> i. Clean and Sanitary..... (n) <input checked="" type="checkbox"/> ii. Vermin free..... (o) <input checked="" type="checkbox"/> iii. In good repair..... (p) <input checked="" type="checkbox"/> 7. Refuse is stored 641-22.4(7)..... (q) <input checked="" type="checkbox"/> i. In rigid containers..... (r) <input checked="" type="checkbox"/> ii. Plastic liners..... (s) <input checked="" type="checkbox"/> iii. Emptied each business day..... (t) <input checked="" type="checkbox"/> 8. All equipment is stored in closed cabinets or containers 641-22.4(8)..... (u) <input checked="" type="checkbox"/> 9. Absence of 641-22.4(9)..... (v) <input checked="" type="checkbox"/> i. Tobacco..... (w) <input checked="" type="checkbox"/> ii. Food..... (x) <input checked="" type="checkbox"/> iii. Drink..... (y) <input checked="" type="checkbox"/> iv. Controlled substance..... (z) <input checked="" type="checkbox"/> C. Tattoo Equipment 1. Ink cups are single use 641-22.5(1)..... (a) <input checked="" type="checkbox"/> 2. All items used during the tattoo process are single use; OR..... (b) <input checked="" type="checkbox"/> 3. All tubes, tips and grips which are not sterile, not single patron use, and not disposable are being physically cleaned with a detergent and sterilized 641-22.5(3)..... (c) <input checked="" type="checkbox"/> a. Steam sterilization is at 250 degrees F for 15 minutes at a minimum of 15 psi 641-22.5(4)..... (d) <input checked="" type="checkbox"/> b. Dry-heat sterilization is at 350 degrees F for one hour 641-22.5(5)..... (e) <input checked="" type="checkbox"/> c. Instruments for sterilization are in closed pouches and sterilized on-site and dated, bags replaced and re-dated after 30 days 641-22.5(6)..... (f) <input checked="" type="checkbox"/> d. Sterilizers monitored monthly Bacillus subtilis spores 641-22.5(7)..... (g) <input checked="" type="checkbox"/> 4. Sterilizer records kept for 3 years 641-22.5(7)..... (h) <input checked="" type="checkbox"/> 5. Written procedures in place for positive spore test 641-22.5(8)..... (i) <input checked="" type="checkbox"/>	(Tattoo Equipment Continued) 5. Sharps 641-22.5(9)..... (j) <input checked="" type="checkbox"/> i. Container is red with biohazard symbol, puncture-resistant, leakproof and closeable..... (k) <input checked="" type="checkbox"/> ii. Written plan available for disposal..... (l) <input checked="" type="checkbox"/> 6. All solutions are labeled 641-22.5(10)..... (m) <input checked="" type="checkbox"/> 7. Razors are 641-22.5(11)..... (n) <input checked="" type="checkbox"/> i. Single patron use..... (o) <input checked="" type="checkbox"/> ii. Disposable..... (p) <input checked="" type="checkbox"/> 8. If electric razors or clippers used they are..... (q) <input checked="" type="checkbox"/> a. Cleaned with a brush 641-22.5(11)..... (r) <input checked="" type="checkbox"/> b. Cleaned with fungicidal/tuberculocidal disinfectant spray 641-22.5(11)..... (s) <input checked="" type="checkbox"/> 9. Topical ointments are single use 641-22.5(12)..... (t) <input checked="" type="checkbox"/> D. Procedures 1. Standard Operating Procedures (SOPs) are available and include: i. Process of set up and tear down 641-22.6(1)..... (a) <input checked="" type="checkbox"/> ii. Hygiene Procedures 641-22.6(1)..... (b) <input checked="" type="checkbox"/> iii. Cross-contamination control 641-22.6(1)..... (c) <input checked="" type="checkbox"/> 2. Privacy panel or barrier is available 641-22.6(2)..... (d) <input checked="" type="checkbox"/> i. is of sufficient height and width 641-22.6(2)..... (e) <input checked="" type="checkbox"/> ii. Is nontransparent 641-22.6(2)..... (f) <input checked="" type="checkbox"/> 3. Tattoo artist uses proper hand washing and drying procedures 641-22.6(3)..... (g) <input checked="" type="checkbox"/> 4. Tattoo artist is wearing clean clothing and latex, nitrile, chloroprene or vinyl gloves 641-22.6(4)..... (h) <input checked="" type="checkbox"/> 5. Barrier films covering: 641-22.6(5)..... (i) <input checked="" type="checkbox"/> i. Clip cords, squeeze bottles, seat adjustment controls, power control dials/buttons, work lamps..... (j) <input checked="" type="checkbox"/> ii. Other objects gloved hands may come in contact with..... (k) <input checked="" type="checkbox"/> In the following areas where applicable, indicate whether observed [O] or not observed [NO]. 6. a. Skin cleaned with soap and paper towels 641-22.6(6)..... (l) <input checked="" type="checkbox"/> b. Skin prepped with 70% alcohol or antiseptic or antimicrobial 641-22.6(7)..... (m) <input checked="" type="checkbox"/> c. Tattooing on non-infected, non-irritated or abnormal skin 641-22.6(8)..... (n) <input checked="" type="checkbox"/> 7. Adequate dressing applied after the tattoo completion 641-22.6(9)(a)..... (o) <input checked="" type="checkbox"/> 8. Printed instructions are provided to the person tattooed regarding 641-22.6(9)(b)..... (p) <input checked="" type="checkbox"/> i. Tattoo care during the healing process..... (q) <input checked="" type="checkbox"/> (If Not Observed, the inspector should review a copy of the printed instructions) 9. Clean machine head and spray work area with an acceptable disinfectant during the clean-up procedure after the tattoo is finished 641-22.6(9)..... (r) <input checked="" type="checkbox"/> (If Not Observed, the inspector should verify this is included in the SOP)	E. Record Keeping 1. Records kept for all clients and includes client name, date of birth, photocopy of identification, date of procedure, name of the artist performing procedure(s) and signature of client 641-22.9 (5)..... (a) <input checked="" type="checkbox"/> 2. Client records are maintained for 3 years 641-22.9(5)..... (b) <input checked="" type="checkbox"/> 3. Safety Data Sheets (SDS) for all chemicals 641-22.14(8)..... (c) <input checked="" type="checkbox"/> 4. Most recent inspection report is posted 641-22.14(9)..... (d) <input checked="" type="checkbox"/> F. Temporary Establishment 1. Event is in a permanent building 641-22.11(2)..... (a) <input checked="" type="checkbox"/> 2. Handwashing facilities with: 641-22.11(3)(a)..... (b) <input checked="" type="checkbox"/> i. Hot and Cold running water..... (c) <input checked="" type="checkbox"/> ii. Mixing type faucet..... (d) <input checked="" type="checkbox"/> iii. Liquid soap..... (e) <input checked="" type="checkbox"/> iv. Paper towels or hand dryer..... (f) <input checked="" type="checkbox"/> 3. Condition of the establishment: 641-22.11(3)(b)..... (g) <input checked="" type="checkbox"/> i. Is at least 80 square feet..... (h) <input checked="" type="checkbox"/> ii. Is adequately lighted..... (i) <input checked="" type="checkbox"/> 4. Floors are smooth and impervious or covered with an impermeable barrier 641-22.11(3)(f)..... (j) <input checked="" type="checkbox"/> 5. All items used during the tattoo process are prepackaged, single use sterilized equipment, OR..... (k) <input checked="" type="checkbox"/> 6. All tubes, tips and grips used for the tattoo procedure that are not single use must be properly sterilized and dated 30 days or less prior to the date of the event. Evidence of a spore test performed on the sterilization equipment must be dated 30 days or less from the date of the event 641-22.11(3)(d)..... (l) <input checked="" type="checkbox"/> 7. Tattoo procedure area properly cleaned and sanitized 641-22.11(3)..... (m) <input checked="" type="checkbox"/> G. Mobile Establishment 1. Mobile unit: 641-22.12(2)..... (a) <input checked="" type="checkbox"/> i. Clean and sanitary 641-22.12(2)(b)..... (b) <input checked="" type="checkbox"/> ii. Tight fitting doors and screens on openable windows 641-22.12(2)(b)..... (c) <input checked="" type="checkbox"/> 2. Tattoo work station separated from culinary or domicile areas by an impervious floor-to-ceiling barrier 641-22.12(2)(d)..... (d) <input checked="" type="checkbox"/> 3. Handwashing facilities with: 641-22.12(2)(e)..... (e) <input checked="" type="checkbox"/> i. Hot and Cold running water..... (f) <input checked="" type="checkbox"/> ii. Mixing-type faucet..... (g) <input checked="" type="checkbox"/> iii. Liquid soap..... (h) <input checked="" type="checkbox"/> iv. Paper towels or hand dryer..... (i) <input checked="" type="checkbox"/> v. Adequate supply of potable water..... (j) <input checked="" type="checkbox"/> vi. Identified source of water and storage tank..... (k) <input checked="" type="checkbox"/> 4. Liquid waste in a storage tank 641-22.12(2)(f)..... (l) <input checked="" type="checkbox"/> 5. Restroom facilities available at event or within the mobile unit with: 641-22.12..... (m) <input checked="" type="checkbox"/> i. Hot and cold water available 641-22.12..... (n) <input checked="" type="checkbox"/> ii. Liquid soap 641-22.12..... (o) <input checked="" type="checkbox"/> iii. Paper towels or hand dryer 641-22.12..... (p) <input checked="" type="checkbox"/> iv. Adequate ventilation 641-22.12..... (q) <input checked="" type="checkbox"/>

Enforcement 641-22.16 (135) (Use additional sheets as necessary)

(1) Which section(s) are there violations of the Iowa Code or Iowa Administrative Code? No violations observed on this day.

(2) In which manner did the owner or operator fail to comply? _____

(3) What are the steps and timeline required for correcting the violation? _____

Mail in Corrective Action Plan form issued

Establishment Representative (Print): <u>Kelsey Turnis</u> Establishment Representative Signature: <u>Kelsey Turnis</u>	Inspector (Print): <u>James Garcia</u> Inspector Signature: <u>James Garcia</u> Inspector Email: <u>jlaxer@johnsoncountyiowa.gov</u>
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