

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>Kona Ink</u> Owner: <u>Kelly Peterson</u> Address: <u>2424 Coral Ct Unit #109</u> City/State/Zip: <u>Coralville IA</u> Phone Number: <u>319-538-8062</u>		Inspection Date: <u>8/29/24</u> Time: _____ Length: _____ Date of Re-Inspection: _____ Permit No.: <u>TAT-F-10851</u>	

Inspection of the establishment shows violations existing in the items identified with an "X" 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	(Tattoo Equipment Continued)	E. Record Keeping
1. Establishment permit is current 641-22.9(1)..... (a) <u>N/A</u> 2. Establishment permit is posted in a conspicuous location 641-22.9(1)..... (b) <u>N/A</u> 3. Each artist's permit is current 641-22.10(1)..... (c) <u>N/A</u> 4. Each artist's permit is posted in a conspicuous location 641-22.10(6)..... (d) <u>OK</u> B. Sanitation and Infection Control 1. Tables, chairs and other equipment are impervious smooth and easily cleanable 641-22.4(1)..... (a) <u>OK</u> 2. Sink for hand washing 22.4(2)..... (b) <u>OK</u> i. Mixing type faucet..... (c) <u>OK</u> ii. Hot and Cold running water..... (d) <u>OK</u> iii. Soap..... (e) <u>OK</u> iv. Paper towels or hand dryer..... (f) <u>OK</u> 3. Toilet facilities with handwashing sink available 641-22.4(3)..... (g) <u>OK</u> 4. Condition of the establishment 641-22.4(4)..... (h) <u>OK</u> i. is at least 300 square feet..... (i) <u>OK</u> ii. is adequately lighted..... (j) <u>OK</u> iii. is adequately ventilated..... (k) <u>OK</u> 5. Floors are impervious, smooth and washable 641-22.4(5)..... (l) <u>OK</u> 6. Entire premises are 641-22.4(6)..... (m) <u>OK</u> i. Clean and Sanitary..... (n) <u>OK</u> ii. Vermin free..... (o) <u>OK</u> iii. In good repair..... (p) <u>OK</u> 7. Refuse is stored 641-22.4(7)..... (q) <u>OK</u> i. In rigid containers..... (r) <u>OK</u> ii. Plastic liners..... (s) <u>OK</u> iii. Emptied each business day..... (t) <u>OK</u> 8. All equipment is stored in closed cabinets or containers 641-22.4(8)..... (u) <u>OK</u> 9. Absence of 641-22.4(9)..... (v) <u>OK</u> i. Tobacco..... (w) <u>OK</u> ii. Food..... (x) <u>OK</u> iii. Drink..... (y) <u>OK</u> iv. Controlled substance..... (z) <u>OK</u> C. Tattoo Equipment 1. Ink cups are single use 641-22.5(1)..... (a) <u>OK</u> 2. All items used during the tattoo process are single use; <u>OR</u> (b) <u>OK</u> 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) <u>N/A</u> a. Steam sterilization is at 250 degrees F for 15 minutes at a minimum of 15 psi 641-22.5(4)..... (d) <u>N/A</u> b. Dry-heat sterilization is at 350 degrees F for one hour 641-22.5(5)..... (e) <u>N/A</u> 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) <u>OK</u> d. Sterilizers monitored monthly Bacillus subtilis spores 641-22.5(7)..... (g) <u>N/A</u> e. Sterilizers monitored monthly Bacillus subtilis spores 641-22.5(7)..... (h) <u>N/A</u> 4. Sterilizer records kept for 3 years 641-22.5(7)..... (i) <u>N/A</u> 5. Written procedures in place for positive spore test 641-22.5(8)..... (j) <u>N/A</u>	5. Sharps 641-22.5(9)..... (k) <u>OK</u> i. Container is red with biohazard symbol, puncture-resistant, leakproof and closeable..... (l) <u>OK</u> ii. Written plan available for disposal..... (m) <u>OK</u> 6. All solutions are labeled 641-22.5(10)..... (n) <u>OK</u> 7. Razors are 641-22.5(11)..... (o) <u>OK</u> i. Single patron use..... (p) <u>OK</u> ii. Disposable..... (q) <u>OK</u> 8. If electric razors or clippers used they are..... (r) <u>N/A</u> a. Cleaned with a brush 641-22.5(11)..... (s) <u>N/A</u> b. Cleaned with fungicidal/tuberculocidal disinfectant spray 641-22.5(11)..... (t) <u>N/A</u> 9. Topical ointments are single use 641-22.5(12)..... (u) <u>OK</u> D. Procedures 1. Standard Operating Procedures (SOPs) are available and include: i. Process of set up and tear down 641-22.6(1)..... (a) <u>OK</u> ii. Hygiene Procedures 641-22.6(1)..... (b) <u>OK</u> iii. Cross-contamination control 641-22.6(1)..... (c) <u>OK</u> 2. Privacy panel or barrier is available 641-22.6(2)..... (d) <u>OK</u> i. is of sufficient height and width 641-22.6(2)..... (e) <u>OK</u> ii. Is nontransparent 641-22.6(2)..... (f) <u>OK</u> 3. Tattoo artist uses proper hand washing and drying procedures 641-22.6(3)..... (g) <u>OK</u> 4. Tattoo artist is wearing clean clothing and latex, nitrile, chloroprene or vinyl gloves 641-22.6(4)..... (h) <u>OK</u> 5. Barrier films covering: 641-22.6(5)..... (i) <u>OK</u> i. Clip cords, squeeze bottles, seat adjustment controls, power control dials/buttons, work lamps..... (j) <u>OK</u> ii. Other objects gloved hands may come in contact with..... (k) <u>OK</u> 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) <u>N/A</u> b. Skin prepped with 70% alcohol or antiseptic or antimicrobial 641-22.6(7)..... (m) <u>N/A</u> c. Tattooing on non-infected, non-irritated or abnormal skin 641-22.6(8)..... (n) <u>N/A</u> 7. Adequate dressing applied after the tattoo completion 641-22.6(9)(a)..... (o) <u>N/A</u> 8. Printed instructions are provided to the person tattooed regarding 641-22.6(9)(b)..... (p) <u>OK</u> i. Tattoo care during the healing process..... (q) <u>OK</u> (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) <u>OK</u> (If Not Observed, the inspector should verify this is included in the SOP)	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) <u>N/A</u> 2. Client records are maintained for 3 years 641-22.9(5)..... (b) <u>N/A</u> 3. Safety Data Sheets (SDS) for all chemicals 641-22.14(8)..... (c) <u>N/A</u> 4. Most recent inspection report is posted 641-22.14(9)..... (d) <u>N/A</u> F. Temporary Establishment 1. Event is in a permanent building 641-22.11(2)..... (a) <u>N/A</u> 2. Handwashing facilities with: 641-22.11(3)(a)..... (b) <u>N/A</u> i. Hot and Cold running water..... (c) <u>N/A</u> ii. Mixing type faucet..... (d) <u>N/A</u> iii. Liquid soap..... (e) <u>N/A</u> iv. Paper towels or hand dryer..... (f) <u>N/A</u> 3. Condition of the establishment: 641-22.11(3)(b)..... (g) <u>N/A</u> i. Is at least 80 square feet..... (h) <u>N/A</u> ii. Is adequately lighted..... (i) <u>N/A</u> 4. Floors are smooth and impervious or covered with an impermeable barrier 641-22.11(3)(f)..... (j) <u>N/A</u> 5. All items used during the tattoo process are prepackaged, single use sterilized equipment, <u>OR</u> (k) <u>N/A</u> 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) <u>N/A</u> 7. Tattoo procedure area properly cleaned and sanitized 641-22.11(3)..... (m) <u>N/A</u> G. Mobile Establishment 1. Mobile unit: 641-22.12(2)..... (a) <u>N/A</u> i. Clean and sanitary 641-22.12(2)(b)..... (b) <u>N/A</u> ii. Tight fitting doors and screens on openable windows 641-22.12(2)(b)..... (c) <u>N/A</u> 2. Tattoo work station separated from culinary or domicile areas by an impervious floor-to-ceiling barrier 641-22.12(2)(d)..... (d) <u>N/A</u> 3. Handwashing facilities with: 641-22.12(2)(e)..... (e) <u>N/A</u> i. Hot and Cold running water..... (f) <u>N/A</u> ii. Mixing-type faucet..... (g) <u>N/A</u> iii. Liquid soap..... (h) <u>N/A</u> iv. Paper towels or hand dryer..... (i) <u>N/A</u> v. Adequate supply of potable water..... (j) <u>N/A</u> vi. Identified source of water and storage tank..... (k) <u>N/A</u> 4. Liquid waste in a storage tank 641-22.12(2)(f)..... (l) <u>N/A</u> 5. Restroom facilities available at event or within the mobile unit with: 641-22.12..... (m) <u>N/A</u> i. Hot and cold water available 641-22.12..... (n) <u>N/A</u> ii. Liquid soap 641-22.12..... (o) <u>N/A</u> iii. Paper towels or hand dryer 641-22.12..... (p) <u>N/A</u> iv. Adequate ventilation 641-22.12..... (q) <u>N/A</u>

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

(2) In which manner did the owner or operator fail to comply? Pre-opening inspection: Facility appeared to open. Permit will come from IDALS.

(3) What are the steps and timeline required for correcting the violation? Mail in Corrective Action Plan form issued

Establishment Representative (Print):	Inspector (Print): <u>James Lucina</u>
Establishment Representative Signature:	Inspector Signature: <u>James Lucina</u>
	Inspector Email: <u>James.Lucina@iowadhs.gov</u>