Permanent [Sci	Tattoo Establishm	ent Inspection	Johnson County Public Health	Lohnson
Type of Establishment: Mobile Temporary	Repo		Johnson County Public Health	Johnson County
Establishment: Name: Skin Systems Inspection Date: 12 18 24 Public Health				
Owner: Maccella Ponce - Dewar		Time:		
Address: 531 High land Ave City/State/Zip: I owa Scity, IA		Length: Date of Re-Inspection:		
Phone Number:		Permit No.:		
Inspection of the establishment shows violations existing in the items identified with an "\sqrt 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 C	BUILD SOURCE SOURCE SOURCE	E. Record Keeping	12.00
1. Establishment permit is current 641-22.9(1)	Sharps 641-22.5(9) i. Container is red with biohazard	d symbol	1. Records kept for all clients and includes cli date of birth, photocopy of identification, date	
location 641-22.9(1)	puncture-resistant, leakproof and closeable(k)		procedure, name of the artist performing procedure(s) and	
Each artist's permit is current 641-22.10(1) (c 04) Each artist's permit is posted in a conspicuous	ii. Written plan available for disposal		signature of client 641-22.9 (5) (a) [1] 2. Client records are maintained for 3 years 641-22.9(5) (b) [2]	
location 641-22.10(6)	7. Razors are 641-22.5(11)		3. Safety Data Sheets (SDS) for all chemicals 641-	
B. Sanitation and Infection Control 1. Tables, chairs and other equipment are impervious	i. Single patron use ii. Disposable	(A) Intel	22.14(8). 4. Most recent inspection report is posted 641	
smooth and easily cleanable 641-22.4(1)	8. If electric razors or clippers used	they are	F. Temporary Establishment	- 1
2. Sink for hand washing 22.4(2)	b. Cleaned with fungicidal/tuberculocidal(q)		1. Event is in a permanent building 641-22.11(2). (a) (b)	
ii. Hot and Cold running water	disinfectant spray 641-22.5(11)		i. Hot and Cold running water (c)	
iii. Soap. (e) iv. Paper towels or hand dryer. (f)	D. Procedures		ii. Mixing type faucet	
3. Toilet facilities with handwashing sink available	Standard Operating Procedures (SOPs) are available and include:		iv. Paper towels or hand dryer	
641-22.4(3)(g) 4. Condition of the establishment 641-22.4(4)	i. Process of set up and tear down 641-22.6(1). (a)[7]		3. Condition of the establishment: 641-22.11(3)(b) i. Is at least 80 square feet(g)	
i. is at least 300 square feet. (h) [7] ii. is adequately lighted. (i) [7]	iii. Cross-contamination control 641-22.6(1) (c)		ii. Is adequately lighted	
iii. is adequately ventilated(j)	2. Privacy panel or barrier is available (d) [W]		impermeable barrier 641-22.11(3)(f)	
5. Floors are impervious, smooth and washable 641-22.4(5)	i is of sufficient height and width 641-		5. All items used during the tattoo process are prepackaged, single use sterilized equipment, OR(j)	
6. Entire premises are 641-22.4(6)	22.6(2). (e) 11 ii. Is nontransparent 641-22.6(2). (f) 17		6. All tubes, tips and grips used for the tattoo procedure	
i. Clean and Sanitary (1)	I attoo artist uses proper hand w	ashing and	that are not single use must be properly ste dated 30 days or less prior to the date of the	
iii. In good repair(n)	drying procedures 641-22.6(3) 4. Tattoo artist is wearing clean clean	othing and	Evidence of a spore tst performed on the st	erilization /
7.Refuse is stored 641-22.4(7) i. In rigid containers	latex, nitrile, chloroprene or viny	I gloves (b) [07]	equipment must be dated 30 days or less from of the event 641-22.11(3)(d)	(k)
ii. Plastic liners	641-22.6(4) 5. Barrier films covering: 641-22.6	************	7. Tattoo procedure area properly cleaned and 641-22.11(3).	
8. All equipment is stored in closed cabinets or	 Clip cords, squeeze bottles, sea controls, power control dials/bu 	t adjustment	G. Mobile Establishment	()
containers 641-22.4(8)	lamps		1. Mobile unit: 641-22.12(2)	(a) [V]
i. Tobacco(s)	ii. Other objects gloved hands may contact with		 i. Clean and sanitary 641-22-12(2)(b) ii. Tight fitting doors and screens on openable 	
iii. Food			641-22.12(2)(b)	
iv. Controlled substance	In the following areas where applic whether observed [O] or not observed	aoie, indicate	areas by an impervious floor-to-ceiling barr	ier 641-
C. Tattoo Equipment 1. Ink cups are single use 641-22.5(1)	6. a. Skin cleaned with soap and pa	per towels	22.12(2)(d)	
2. All items used during the tattoo process are single use; OR (b)	641-22.6(6) b. Skin prepped with 70% alcoh	ol or antisentic	i. Hot and Cold running water	(d)
3. All tubes, tips and grips which are not sterile, not	or antimicrobial 641-22.6(7) c. Tattooing on non-infected, no	n-irritated or	ii. Mixing-type faucetiii. Liquid soap	
single patron use, and not disposable are being physically cleaned with a detergent and sterilized	abnormal skin 641-22.6(8)	(m)[<u>[]]</u>	iii. Paper towels or hand dryeriv. Adequate supply of potable water	
641-22.5(3)(d)	 Adequate dressing applied after completion 641-22.6(9)(a). 	(n) [M 1])	v. Identified source of water and storage tank	(i) 🔲
a. Steam sterilization is at 250 degrees F for 15 minutes at a minimum of 15 psi 641-22.5(4)(e)	 Printed instructions are provided tattooed regarding 641-22.6(9)(to the person	 Liquid waste in a storage tank 641-22.12(2) Restroom facilities available at event or wit 	
b. Dry-heat sterilization is at 350 degrees F for one hour 641.22.5(5)	i. Tattoo care during the healing	process (p)	mobile unit with: 641-22.12	(k)
d. Instruments for sterilization are in closed	(If Not Observed, the inspector sho copy of the printed instructions)	ould review a	 Hand sink within a reasonably acceptable of the restroom with: 641-22.12(2)(g) 	(1)
pouches and sterilized on-site and dated, bags replaced and re-dated after 30 days 641-22.5(6) (g)	9. Clean machine head and spray w		i. Hot and cold water available 641-22.12. ii. Liquid soap 641-22.12.	(m)
e. Sterilizers monitored monthly Bacillus subtilis	an acceptable disinfectant durin procedure after the tattoo is fini		Paper towels or hand dryer 641-22.12	(0)
spores 641-22.5(7)	641-22.6(9)	(q)	iv. Adequate ventilation 641-22.12	(р 🛂
5. Written procedures in place for positive spore test (i) [1] (j) [2]	(If Not Observed, the inspector sho is included in the SOP)	uld verify this		
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Enforcement 641-22.16 (135) (Use additional sheets as necessary) (1) Which section(s) are there violations of the lowa Code or lowa Administrative Code?				
(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): Watyrood Jones Lag. na				
Establishment Representative Signature: Inspector Signature:				
Inspector Email: 12 da @ Johnson carrity io wa go				