

Type of Establishment: Permanent <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/>	Tattoo Establishment Inspection Report	Johnson County Public Health	
Establishment: Name: <u>B. BEAUTIFUL</u> Owner: <u>PATRICIA JOHNS</u> Address: <u>1105 5th St STE 112</u> City/State/Zip: <u>GRANDVILLE, IA 52741</u> Phone Number: _____		Inspection Date: <u>2024-12-03</u> Time: <u>12:00</u> Length: _____ Date of Re-Inspection: _____ Permit No.: <u>TAT-T-10563</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 type="checkbox"/> 2. Establishment permit is posted in a conspicuous location 641-22.9(1)..... (b) <input type="checkbox"/> 3. Each artist's permit is current 641-22.10(1)..... (c) <input type="checkbox"/> 4. Each artist's permit is posted in a conspicuous location 641-22.10(6)..... (d) <input 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 type="checkbox"/> 2. Sink for hand washing 22.4(2)..... (b) <input type="checkbox"/> i. Mixing type faucet..... (c) <input type="checkbox"/> ii. Hot and Cold running water..... (d) <input type="checkbox"/> iii. Soap..... (e) <input type="checkbox"/> iv. Paper towels or hand dryer..... (f) <input type="checkbox"/> 3. Toilet facilities with handwashing sink available 641-22.4(3)..... (g) <input type="checkbox"/> 4. Condition of the establishment 641-22.4(4)..... (h) <input type="checkbox"/> i. is at least 300 square feet..... (i) <input type="checkbox"/> ii. is adequately lighted..... (j) <input type="checkbox"/> iii. is adequately ventilated..... (k) <input type="checkbox"/> 5. Floors are impervious, smooth and washable 641-22.4(5)..... (l) <input type="checkbox"/> 6. Entire premises are 641-22.4(6)..... (m) <input type="checkbox"/> i. Clean and Sanitary..... (n) <input type="checkbox"/> ii. Vermin free..... (o) <input type="checkbox"/> iii. In good repair..... (p) <input type="checkbox"/> 7. Refuse is stored 641-22.4(7)..... (q) <input type="checkbox"/> i. In rigid containers..... (r) <input type="checkbox"/> ii. Plastic liners..... (s) <input type="checkbox"/> iii. Emptied each business day..... (t) <input type="checkbox"/> 8. All equipment is stored in closed cabinets or containers 641-22.4(8)..... (u) <input type="checkbox"/> 9. Absence of 641-22.4(9)..... (v) <input type="checkbox"/> i. Tobacco..... (w) <input type="checkbox"/> ii. Food..... (x) <input type="checkbox"/> iii. Drink..... (y) <input type="checkbox"/> iv. Controlled substance..... (z) <input type="checkbox"/> C. Tattoo Equipment 1. Ink cups are single use 641-22.5(1)..... (a) <input type="checkbox"/> 2. All tubes, tips and grips used during the tattoo process are single use, OR..... (b) <input 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 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 type="checkbox"/> b. Dry-heat sterilization is at 350 degrees F for one hour 641-22.5(5)..... (e) <input 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 type="checkbox"/> d. Sterilizers monitored monthly Bacillus subtilis spores 641-22.5(7)..... (g) <input type="checkbox"/> 4. Sterilizer records kept for 3 years 641-22.5(7)..... (h) <input type="checkbox"/> 5. Written procedures in place for positive spore test 641-22.5(8)..... (i) <input type="checkbox"/> 6. Sharps 641-22.5(9)..... (j) <input type="checkbox"/> i. Container is red with biohazard symbol, puncture-resistant, leakproof and closeable..... (k) <input type="checkbox"/> ii. Written plan available for disposal..... (l) <input type="checkbox"/> 7. Razors are 641-22.5(11)..... (m) <input type="checkbox"/> i. Single patron use..... (n) <input type="checkbox"/> ii. Disposable..... (o) <input type="checkbox"/> 8. If electric razors or clippers used they are..... (p) <input type="checkbox"/> a. Cleaned with a brush 641-22.5(11)..... (q) <input type="checkbox"/> b. Cleaned with fungicidal/tuberculocidal disinfectant spray 641-22.5(11)..... (r) <input type="checkbox"/> 9. Topical ointments are single use 641-22.5(12)..... (s) <input type="checkbox"/> D. Procedures 1. Standard Operating Procedures (SOPs) are available and include:..... (a) <input type="checkbox"/> i. Process of set up and tear down 641-22.6(1)..... (b) <input type="checkbox"/> ii. Hygiene Procedures 641-22.6(1)..... (c) <input type="checkbox"/> iii. Cross-contamination control 641-22.6(1)..... (d) <input type="checkbox"/> 2. Privacy panel or barrier is available 641-22.6(2)..... (e) <input type="checkbox"/> i. is of sufficient height and width 641-22.6(2)..... (f) <input type="checkbox"/> ii. Is nontransparent 641-22.6(2)..... (g) <input type="checkbox"/> 3. Tattoo artist uses proper hand washing and drying procedures 641-22.6(3)..... (h) <input type="checkbox"/> 4. Tattoo artist is wearing clean clothing and latex, nitrile, chloroprene or vinyl gloves 641-22.6(4)..... (i) <input type="checkbox"/> 5. Barrier films covering: 641-22.6(5)..... (j) <input type="checkbox"/> i. Clip cords, squeeze bottles, seat adjustment controls, power control dials/buttons, work lamps..... (k) <input type="checkbox"/> ii. Other objects gloved hands may come in contact with..... (l) <input 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)..... (m) <input type="checkbox"/> b. Skin prepped with 70% alcohol or antiseptic or antimicrobial 641-22.6(7)..... (n) <input type="checkbox"/> c. Tattooing on non-infected, non-irritated or abnormal skin 641-22.6(8)..... (o) <input type="checkbox"/> 7. Adequate dressing applied after the tattoo completion 641-22.6(9)(a)..... (p) <input type="checkbox"/> 8. Printed instructions are provided to the person tattooed regarding 641-22.6(9)(b)..... (q) <input type="checkbox"/> i. Tattoo care during the healing process..... (r) <input 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)..... (s) <input 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 type="checkbox"/> 2. Client records are maintained for 3 years 641-22.9(5)..... (b) <input type="checkbox"/> 3. Safety Data Sheets (SDS) for all chemicals 641-22.14(8)..... (c) <input type="checkbox"/> 4. Most recent inspection report is posted 641-22.14(9)..... (d) <input type="checkbox"/> F. Temporary Establishment 1. Event is in a permanent building 641-22.11(2)..... (a) <input type="checkbox"/> 2. Handwashing facilities with: 641-22.11(3)(a)..... (b) <input type="checkbox"/> i. Hot and Cold running water..... (c) <input type="checkbox"/> ii. Mixing type faucet..... (d) <input type="checkbox"/> iii. Liquid soap..... (e) <input type="checkbox"/> iv. Paper towels or hand dryer..... (f) <input type="checkbox"/> 3. Condition of the establishment: 641-22.11(3)(b)..... (g) <input type="checkbox"/> i. Is at least 80 square feet..... (h) <input type="checkbox"/> ii. Is adequately lighted..... (i) <input type="checkbox"/> 4. Floors are smooth and impervious or covered with an impermeable barrier 641-22.11(3)(f)..... (j) <input type="checkbox"/> 5. All items used during the tattoo process are prepackaged, single use sterilized equipment, OR..... (k) <input 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 type="checkbox"/> 7. Tattoo procedure area properly cleaned and sanitized 641-22.11(3)..... (m) <input type="checkbox"/> G. Mobile Establishment 1. Mobile unit: 641-22.12(2)..... (a) <input type="checkbox"/> i. Clean and sanitary 641-22.12(2)(b)..... (b) <input type="checkbox"/> ii. Tight fitting doors and screens on openable windows 641-22.12(2)(b)..... (c) <input 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 type="checkbox"/> 3. Handwashing facilities with: 641-22.12(2)(e)..... (e) <input type="checkbox"/> i. Hot and Cold running water..... (f) <input type="checkbox"/> ii. Mixing-type faucet..... (g) <input type="checkbox"/> iii. Liquid soap..... (h) <input type="checkbox"/> iv. Paper towels or hand dryer..... (i) <input type="checkbox"/> v. Adequate supply of potable water..... (j) <input type="checkbox"/> vi. Identified source of water and storage tank..... (k) <input type="checkbox"/> 4. Liquid waste in a storage tank 641-22.12(2)(f)..... (l) <input type="checkbox"/> 5. Restroom facilities available at event or within the mobile unit with: 641-22.12..... (m) <input type="checkbox"/> 6. Hand sink within a reasonably acceptable distance from the restroom with: 641-22.12(2)(g)..... (n) <input type="checkbox"/> i. Hot and cold water available 641-22.12..... (o) <input type="checkbox"/> ii. Liquid soap 641-22.12..... (p) <input type="checkbox"/> iii. Paper towels or hand dryer 641-22.12..... (q) <input type="checkbox"/> iv. Adequate ventilation 641-22.12..... (r) <input 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? Some wells were not compliant. Mobile unit to be inspected during inspection.

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

(3) What are the steps and timeline required for correcting the violation? Inspection on 1/25/25. Mail in Corrective Action Plan form issued

Establishment Representative (Print): <u>Patricia Johns</u>	Inspector (Print): <u>ETIENNE JAKUBEN - PUBLIC HEALTH</u>
Establishment Representative Signature: <u>[Signature]</u>	Inspector Signature: <u>[Signature]</u>
Inspector Email: <u>ETIENNE@JOHNSONCOUNTYIOWA.GOV</u>	