



**Body Art Facility
Inspection Report Form**

DCH-1468 (01-11)
AUTHORITY: P.A. 375 OF 2010

**NON-TRANSFERABLE
LICENSE NUMBER:
BA-0000630**

FACILITY NAME The Shop	STREET ADDRESS 141 S Grand Ave	CITY VILLAGE OR TWP/ZIP Fowlerville MI 48836	COUNTY LIVINGSTON-47
----------------------------------	--	--	--------------------------------

FACILITY TYPE: FIXED <input checked="" type="checkbox"/> AFFILIATED TEMPORARY <input type="checkbox"/>	MDEQ Certification # #63535
MUNICIPAL WATER: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MUNICIPAL SEWER: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N

OWNER: Darl Papple	OPERATOR: Same	PHONE NUMBER (517) 223-7998	DATES OF OPERATION: 1/1/13
------------------------------	--------------------------	---------------------------------------	--------------------------------------

Notice to Operator:
Non-critical items listed below must be corrected by the next regular inspection or as otherwise indicated. All **critical** items shall be corrected immediately or as otherwise indicated. (Michigan Public Health Code, Act 368 of 1978)

**KEY: C = COMPLIANT NC= NON-COMPLIANT NA = NOT APPLICABLE
NO= NOT OBSERVED () GUIDELINES FOR BODY ART FACILITIES SECTION REFERENCE**

	INSPECTION TYPE
	Pre-Opening Inspection.....1
	Opening Inspection.....2
	Routine Inspection,..3
	Follow-Up.....4
	Complaint.....5
	Other.....6

- CRITICAL VIOLATIONS:**
- TECHNICIAN & PATRON:**
- C** REFERRAL TO MIOSHA PART 554 (6)
 - C** REFERRAL TO MDEQ FOR WASTE DISPOSAL (15)
 - C** TECHNICIAN TRAINING/ EDUCATION (7)
 - C** MEDICAL GRADE GLOVE USAGE (9, 13, 14)
 - C** NEEDLES, RAZORS, SINGLE-USE ITEMS (9, 13)
 - C** BODY ART STENCILS / SKIN PRODUCTS SINGLE USE (13)
 - C** INSTRUMENTS IN STERILE PACKAGE UNTIL USED (13, 4)
 - C** SKIN PREPPED PRE-PROCEDURE (13)
 - C** NO PROCEDURE ON NON-INTACT SKIN OR MUCOSA (9)
 - C** APPROVED HAND WASH SINK IN PROCEDURE AREA (16)
 - C** PROCEDURE AREA ORGANIZED TO PREVENT CROSS CONTAMINATION (13)
 - C** INSTRUMENTS USED, REPLACED OR DISCARDED (7, 9, 13, 14)
 - C** ULTRASONIC UNIT USE/MAINTAINANCE (14)
 - C** MONTHLY SPORE TESTING DOCUMENTED (14, 18)
 - C** TECHNICIAN NOT UNDER THE INFLUENCE (5, 9)
 - C** TECHNICIAN'S PERSONAL HYGIENE (9, 14)
 - C** SELLING/ GIVING BODY PIERCING KIT OR OTHER BODY PIERCING DEVICE TO A MINOR (5, 9, 20)
 - C** CLIENTS COHERENT/ NOT UNDER THE INFLUENCE (5, 9)
 - C** WRITTEN CONSENT OF PARENT OR GUARDIAN FOR CLIENTS UNDER 18 (3, 5, 9, 10, 11)
 - C** NO ANIMALS, INSECTS, RODENTS, OR VERMIN (16)
 - C** SMOKING NOT PERMITTED AND SIGN POSTED (3, 5, 9)
- CLEANING & STERILIZATION:**
- C** JEWELRY STERILIZED IMPLANT GRADE MATERIAL (13)
 - C** ROTARY PEN CLEANED AND STERILIZED (13)
 - C** TATTOO PIGMENT/ INK BOTTLES STORED/USED (13)
 - C** WASTE CONTAINERS COVERED & CLEAN (13, 14, 15, 16)
 - C** CLEANING/ DISINFECTING PROCEDURE AREA AFTER USE (3, 9, 13, 14, 16)
 - C** PROPER CLEANING AND STERILIZATION OF OBJECTS CONTAMINATED OR EXPOSED TO OPIM (9, 13, 14, 15)
 - C** TECHNICIAN'S OR INDIVIDUAL'S SAFE PRACTICES (9, 14)

- NON-CRITICAL VIOLATIONS:**
- FACILITY STANDARDS:**
- C** SUFFICIENT LIGHTING PROVIDED (16, 18)
 - C** FLOOR SPACE IN PROCEDURE AREA (16, 18)
 - C** WELL VENTILATED, SCREENS GOOD REPAIR (16)
 - C** PROCEDURE AREA SEPARATE FROM CUSTOMER AREA (16)
 - C** SEPARATE ROOM FOR CLEANING, DISINFECTING AND STERILIZING (16)
 - C** FACILITY HAS SELF-CLOSING DOORS (16)
 - C** WALLS, FLOORS, CEILINGS, SURFACES CLEAN & GOOD REPAIR (16)
 - C** ADEQUATE LAVATORY AND HAND WASHING (9, 16)
 - C** LAVATORY WITH HAND SINK, TOILET, COVERED WASTE RECEPTICLE (16)
 - C** ALL CONTAINERS PROPERLY LABELED (16)
- RECORDS & PUBLIC NOTICE:**
- C** CURRENT LICENSE POSTED IN CUSTOMER SERVICE AREA (5)
 - C** HEP B VACCINATION STATUS OR DECLINATION DOCUMENTED (5, 8)
 - C** BODY ART VERBAL AND WRITTEN EDUCATION MATERIALS PROVIDED (10)
 - C** TECHNICIAN AND CLIENT RECORDS MEET MINIMUM STANDARDS (5, 11, 12, 14, 17)
 - C** AFTERCARE INSTRUCTIONS PROVIDED (3, 10, 11)
 - C** REQUIRED FORMS SIGNED BY CLIENT AND TECHNICIAN (5, 12, 17, 18)
 - C** RECORD OF ALL BODY ART PROCEDURES PERFORMED (5, 11, 12)
 - C** DISCLOSURE STATEMENT, NOTICE FOR FILING COMPLAINTS, FACILITY CHANGE, RECORDS KEPT CONFIDENTIAL AND SECURE (5, 11, 12)
 - C** BODY ART SUPPLY INVENTORY AVAILABLE (5)

Received by: **Darl Papple** Inspected by: **Robert Starr** Date: **06/06/2013**

VIOLATION DESCRIPTION / REMARKS / CORRECTION SCHEDULE

LICENSE NUMBER: BA-0000630

No violations at time of inspection.

Approved for operation

Received by: Darl Papple

Inspected by: Robert Starr

Date: 06/06/2013

