



**Body Art Facility  
Inspection Report Form**

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

**NON-TRANSFERABLE  
LICENSE NUMBER:**

FACILITY NAME	STREET ADDRESS	CITY VILLAGE OR TWP/ZIP	COUNTY
---------------	----------------	-------------------------	--------

FACILITY TYPE: FIXED	AFFILIATED TEMPORARY	MDEQ Certification #
MUNICIPAL WATER: Y N	MUNICIPAL SEWER: Y N	#

OWNER:	OPERATOR:	PHONE NUMBER	DATES OF OPERATION:
--------	-----------	--------------	---------------------

**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)

**INSPECTION TYPE**

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

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

**CRITICAL VIOLATIONS:**

**TECHNICIAN & PATRON:**

1. REFERRAL TO MIOSHA PART 554 (6)
2. REFERRAL TO MDEQ FOR WASTE DISPOSAL (15)
3. TECHNICIAN TRAINING/ EDUCATION (7)
4. MEDICAL GRADE GLOVE USAGE (9, 13, 14)
5. NEEDLES, RAZORS, SINGLE-USE ITEMS (9, 13)
6. BODY ART STENCILS / SKIN PRODUCTS SINGLE USE (13)
7. INSTRUMENTS IN STERILE PACKAGE UNTIL USED (13, 4)
8. SKIN PREPPED PRE-PROCEDURE (13)
9. NO PROCEDURE ON NON-INTACT SKIN OR MUCOSA (9)
10. APPROVED HAND WASH SINK IN PROCEDURE AREA (16)
11. PROCEDURE AREA ORGANIZED TO PREVENT CROSS CONTAMINATION (13)
12. INSTRUMENTS USED, REPLACED OR DISCARDED (7, 9, 13, 14)
13. ULTRASONIC UNIT USE/MAINTAINANCE (14)
14. MONTHLY SPORE TESTING DOCUMENTED (14, 18)
15. TECHNICIAN NOT UNDER THE INFLUENCE (5, 9)
16. TECHNICIAN'S PERSONAL HYGIENE (9, 14)
17. SELLING/ GIVING BODY PIERCING KIT OR OTHER BODY PIERCING DEVICE TO A MINOR (5, 9, 20)
18. CLIENTS COHERENT/ NOT UNDER THE INFLUENCE (5, 9)
19. WRITTEN CONSENT OF PARENT OR GUARDIAN FOR CLIENTS UNDER 18 (3, 5, 9, 10, 11)
20. NO ANIMALS, INSECTS, RODENTS, OR VERMIN (16)
21. SMOKING NOT PERMITTED AND SIGN POSTED (3, 5, 9)

**CLEANING & STERILIZATION:**

22. JEWELRY STERILIZED IMPLANT GRADE MATERIAL (13)
23. ROTARY PEN CLEANED AND STERILIZED (13)
24. TATTOO PIGMENT/ INK BOTTLES STORED/USED (13)
25. WASTE CONTAINERS COVERED & CLEAN (13, 14, 15, 16)
26. CLEANING/ DISINFECTING PROCEDURE AREA AFTER USE (3, 9, 13, 14, 16)
27. PROPER CLEANING AND STERILIZATION OF OBJECTS CONTAMINATED OR EXPOSED TO OPIM (9, 13, 14, 15)
28. TECHNICIAN'S OR INDIVIDUAL'S SAFE PRACTICES (9, 14)

**NON-CRITICAL VIOLATIONS:**

**FACILITY STANDARDS:**

29. SUFFICIENT LIGHTING PROVIDED (16, 18)
30. FLOOR SPACE IN PROCEDURE AREA (16, 18)
31. WELL VENTILATED, SCREENS GOOD REPAIR (16)
32. PROCEDURE AREA SEPARATE FROM CUSTOMER AREA (16)
33. SEPARATE ROOM FOR CLEANING, DISINFECTING AND STERILIZING (16)
34. FACILITY HAS SELF-CLOSING DOORS (16)
35. WALLS, FLOORS, CEILINGS, SURFACES CLEAN & GOOD REPAIR (16)
36. ADEQUATE LAVATORY AND HAND WASHING (9, 16)
37. LAVATORY WITH HAND SINK, TOILET, COVERED WASTE RECEPTICLE (16)
38. ALL CONTAINERS PROPERLY LABELED (16)

**RECORDS & PUBLIC NOTICE:**

39. CURRENT LICENSE POSTED IN CUSTOMER SERVICE AREA (5)
40. HEP B VACCINATION STATUS OR DECLINATION DOCUMENTED (5, 8)
41. BODY ART VERBAL AND WRITTEN EDUCATION MATERIALS PROVIDED (10)
42. TECHNICIAN AND CLIENT RECORDS MEET MINIMUM STANDARDS (5, 11, 12, 14, 17)
43. AFTERCARE INSTRUCTIONS PROVIDED (3, 10, 11)
44. REQUIRED FORMS SIGNED BY CLIENT AND TECHNICIAN (5, 12, 17, 18)
45. RECORD OF ALL BODY ART PROCEDURES PERFORMED (5, 11, 12)
46. DISCLOSURE STATEMENT, NOTICE FOR FILING COMPLAINTS, FACILITY CHANGE, RECORDS KEPT CONFIDENTIAL AND SECURE (5, 11, 12)
47. BODY ART SUPPLY INVENTORY AVAILABLE (5)

Received by:	Inspected by:	Date:
--------------	---------------	-------

**VIOLATION DESCRIPTION / REMARKS / CORRECTION SCHEDULE**  
**LICENSE NUMBER:**

**Page 2 of**

--

**Received by:**

**Inspected by:**

**Date:**