



Minnesota Department of Health
 Body Art Licensing
 85 East 7th Place, Ste. 220
 St. Paul, MN 55164
 651-201-3731

Body Art

Inspection Report

License _____	Page _____ of _____
Location/address _____	
Type of Establishment: (circle one: Tattoo, Piercing, Dual, Private, Temporary)	Phone: _____
Person in charge _____	

Items marked and orders written below must be corrected by the date indicated. Failure to comply may result in further action by the Health Department.

Key Compliance Non-compliance NA Not applicable

Establishment

- 1. Establishment license current and displayed prominently.
- 2. Technician license current and displayed prominently, info kept on file.
- 3. Procedure area contaminant free and separate.
- 4. Privacy dividers in place.
- 5. Procedure surfaces smooth/nonabsorbent and easily cleanable.
- 6. Handwashing facilities. Must provide soap, running water, single use paper towels and nonporous waste basket.
- 7. Floors/walls and ceiling in good condition. (No holes or cracks)
- 8. Floors, walls and ceiling smooth and easily cleanable.
- 9. Carpeting: material must be rigid, nonporous and easily cleanable.
- 10. Physical facilities clean..

Equipment and Supplies

- 11. Jewelry materials used: surgical implant-grade stainless steel, solid 14-karat, 18-karat white or yellow gold, niobium, titanium, platinum, dense low-porosity plastic (wood, bone or other porous material PROHIBITED).
- 12. Jewelry in good repair (no nicks/scratches/irregular surfaces).
- 13. Proper sterilization techniques used.
- 14. Reusable instruments: washed/sterilized.
- 15. Needles: Single use and sterilized.
- 16. Sterilization units: Quantity _____ Steam or Vapor. Operated according to mfr specifications.
- 17. Spore test. No more than 30 days between tests, records kept, proper documentation for positive test results.
Date of last test: _____
- 18. Proper procedure when positive spore test is received.
- 19. Proper ink used.
- 20. Proper procedures followed for ink usage.
- 21. Proper chemical sanitizers used. (liquid germicide)
Type of sanitizer used: _____
- 22. Equipment in good working order. Stored properly.
- 23. Equipment clean and sanitary.

Procedure

- 24. Single use towels/wipes provided to client aseptically, disposed of properly.
- 25. Sterile bandages/dressings used, clean container and stored properly.
- 26. Technicians wear single use nonabsorbent gloves/ nonlatex available/ use proper procedures.

Infectious Waste

- 27. Name of approved waste hauler: _____
- 28. Approved containers used/not full.

Forms/Records

- 29. Approved ID/age methods in place, health disclosure form and informed consent.
- 30. After Care instructions given.
- 31. Three years of client records kept on site.
- 32. Spore test results.

Private Residence

- 33. Area completely partitioned off/used exclusively for body art procedures.
- 34. Separate entrance to establishment.

Grounds For Immediate Closure

- 35. Sewage backup in procedure area.
- 36. Lack of: plumbed, hot or cold water, electricity or gas service.
- 37. Significant storm/disaster damage.
- 38. Evidence of rodent/pest infestation.
- 39. Evidence of any unlicensed body art procedure.
- 40. Evidence of public health nuisance.
- 41. Use of nonsterile instruments or jewelry.
- 42. Failure to maintain required records.
- 43. Failure to use gloves as required.
- 44. Failure to properly dispose of sharps/blood/body fluids/items contaminated by blood or body fluids.
- 45. Failure to report bloodborne pathogen transmission complaint.
- 46. Evidence of positive spore test and no other working sterilizer.

See following page for items not in compliance and comments.

Date _____	Rec'd by _____
Compliance date 	Inspector _____

