**Body Art Inspection Report**

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

<table>
<thead>
<tr>
<th>License</th>
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**Location/address**

**Type of Establishment:** (circle one:  Tattoo,  Piercing,  Dual,  Private,  Temporary)

**Person in charge**

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<table>
<thead>
<tr>
<th>Key</th>
<th>Compliance</th>
<th>Non-compliance</th>
<th>NA</th>
<th>Not applicable</th>
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**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.**

### 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.

### 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).
13. Proper sterilization techniques used.
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.

### 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 non-absorbent gloves/ latex 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.

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See following page for items not in compliance and comments.

**Date** ____________  **Rec’d by** ____________

**Compliance date** ____________  **Inspector** ____________
The following violations must be corrected as indicated below:

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<tr>
<th>Number</th>
<th>Comments/Orders</th>
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Date ______________________  Rec'd by ______________________

Compliance date ______________________  Inspector ______________________