

Establishment Name	Establishment License Number	Page 1 of 2
Location/Address		
Owner(s)	Establishment Phone Number	
Licensed Body Art Technicians	Establishment Email	

Note: MDH has the authority to inspect an establishment under MN Statute 146B.02, subdivision 3. Refusal to permit an inspection is grounds for licensure denial or revocation. Deficiencies noted on the inspection form do not preclude MDH from taking further action to ensure compliance under Minnesota Statute 146B.08, subdivision 3. MDH classifies the data collected during an inspection as public, pursuant to MN Statute 13.03. Items marked below during inspection and orders written on following page(s) must be corrected by the date indicated. **If you require this form in an alternate format (i.e., large print), please call (651) 201-3731.**

Key for Body Art Establishment Inspection Report

<input type="checkbox"/> Compliance	<input checked="" type="checkbox"/> Non-compliance	<input type="checkbox"/> Not Applicable
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Establishment (MN Stat. 146B.02)

1. Establishment license current, displayed prominently
2. Technician license current, displayed prominently
3. Procedure area contaminant free and separate
4. Privacy dividers available and accessible
5. Procedure surfaces smooth/nonabsorbent/cleanable
6. Handwashing facilities have soap, running water, paper towels, wastebasket
7. All ceilings in establishment in good condition
8. All walls and floors in good condition and washable
9. Carpeting covered by nonporous, cleanable surface
10. Physical facilities clean

Equipment and Supplies (MN Stat. 146B.06)

11. Appropriate jewelry used, sterilized, in good repair.
12. Proper sterilization techniques used.
13. Reusable instruments: washed/sterilized.
14. Needles: Single use and sterilized.
15. Sterilization units present/in proper working order.
16. Proper procedure when positive spore test is received.
17. Proper ink and procedures usage.
18. Proper chemical sanitizers used (liquid germicide).
19. Equipment in good working order.
20. Equipment stored properly.

Procedure (MN Stat. 146B.06)

21. Single use towels/wipes provided to client
22. Sterile dressing used, stored properly
23. Single use, nonabsorbent gloves with non-latex available

Infectious Waste (MN Stat. 146B.06):

24. Approved waste hauler: _____
25. Contaminated waste in red bags when appropriate
26. Approved containers used/not full

Forms/records (MN Stat. 146B.02 and 146B.07)

27. Proof of approved ID obtained from clients
28. *Health Disclosure* present and correct
29. *Health Disclosure* has statement regarding technician's right to decline procedures
30. *Informed Consent* present and correct
31. *After Care* instructions present and provided to client
32. Three years of client records on site
33. Three years of spore results for sterilizer(s) on site
34. Three years of working technician information on site

Private Residence (MN Stat. 146B.02)

35. Separate and used exclusively for body art
36. Accessible without entering residential area

Grounds for Immediate Closure (MN Stat. 146B.05)

37. Sewage backup in procedure area
38. Lack of: potable, plumbed, hot or cold water; electricity; gas service
39. Significant storm/disaster damage
40. Evidence of rodent/pest infestation
41. Evidence of any unlicensed body art procedures
42. Evidence of public health nuisance
43. Use of non-sterile instruments or jewelry
44. Failure to maintain required records
45. Failure to use gloves as required
46. Failure to properly dispose of sharps/blood/body fluids/ items contaminated by body fluids
47. Failure to report BBP transmission
48. Evidence of positive spore test on only working sterilizer

Other (specified in comments below)

- Other, see comments
- Other, see comments

Inspection Date	Establishment Employee and Position
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The following violation(s) must be corrected as indicated below.
Failure to comply may result in further action by the Minnesota Department of Health.

Violation: _____
Comments: _____

Violation: _____
Comments: _____

Violation: _____
Comments: _____

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Violation: _____
Comments: _____

Violation: _____
Comments: _____

Inspection Date	Establishment Employee and Position		
Compliance Date	Body Art Establishment Inspector	Forwarded to I&E	
		YES	NO

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