<table>
<thead>
<tr>
<th>ESTABLISHMENT</th>
<th>FIELD NO.</th>
<th>CO. NO.</th>
<th>DATE</th>
<th>SCORE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>STAFF ID</th>
<th>EST. NO.</th>
<th>TYPE</th>
<th>PURPOSE</th>
<th>INSPECTION LENGTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY, STATE, ZIP</td>
<td>( ) Permanent</td>
<td>( ) 1. Complete</td>
<td>FOLLOW-UP REQUIRED</td>
<td>4. Consultation</td>
<td></td>
</tr>
<tr>
<td>PERMITTEE</td>
<td>( ) Temporary</td>
<td>( ) 2. Follow-up</td>
<td>( ) NO</td>
<td>( ) 5. Investigation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( ) 3. Complaint</td>
<td></td>
<td>( ) 6. Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PROHIBITED ACTS

1. Minor clients, tattoo removal, unhealthy site 2
   
2. Licensed artist not on duty 2

### PHYSICAL FACILITIES

3. Work area separated 1
4. * Autoclave meets minimum time, temperature, pressure 5
5. Regulated waste properly disposed 2

### WATER

6. Water source approved, hot and cold under pressure 5

### SEWAGE

7. Sewage and liquid waste disposal 5

### PLUMBING

8. Installed, maintained 1
9. * Cross-connection, backflow, back-siphonage 5

### TOILET/HANDWASHING FACILITIES

10. Installed, designed, number, convenient, available 5
11. Enclosed, tight-fitting doors, fixtures clean, toilet tissue, covered receptacles, antibacterial soap, disposable towels/hand drying devices 1

### GARBAGE & REFUSE DISPOSAL

12. Containers clean, adequate number, covered, insect or rodent proof. Outside storage area clean, adequately sized, covered, controlled incineration 1

### INSECT/RODENT CONTROL

13. Presence/evidence of insects, rodents, harborage — outer openings protected 5

### FLOORS/WALLS/CEILINGS/FURNISHINGS

14. Floors—constructed, drained, clean, good repair 1
15. Walls—constructed, clean, good repair 1
16. Ceilings/attached equipment—constructed, clean, good repair 1
17. Work area furnishings—sanitized between clients 1
18. Work area furnishings—clean, good repair 1

### LIGHTING

19. Adequate 1

### VENTILATION

20. Sufficient, installed, maintained 1

### GENERAL OPERATIONS

21. * Toxic items stored, labeled, used 5
22. Premises maintained free of litter, unnecessary articles, unauthorized personnel, animals, clean, maintenance, equipment properly stored 1

### TATTOO EQUIPMENT & UTENSILS

23. Properly installed, maintained, constructed, designed 1
24. * No reuse of single use articles 5
25. Clean, free of abrasives and cleaners 1
26. Aisles unobstructed 1

### TATTOO OPERATIONS

27. Good hygienic practices, proper handwashing 5
28. Clean clothing, lap cloth used, spill kits available 1
29. Employees with infectious lesions on hands restricted from tattooing 5
30. * Monthly microbiological monitoring tests 5
31. * Tubes and needles sterilized in an approved manner. Equipment sterilized for no more than one (1) year. 5
32. Work room equipped and stocked as required 5
33. Sterile instruments properly handled 5
34. * Reusable instruments properly handled 5
35. Approved dyes or pigments 1
36. Tattoo log available 1
37. Instructions provided on care of tattoo/body piercing 1

### ADMINISTRATION

38. Infections reported 0
39. Current permit/license posted 0
40. Most current complete inspection report available 0

---

Failure to correct any violations of critical items within seven (7) days or failure to correct violations of any noncritical items within fourteen (14) days may result in suspension of your tattoo establishment permit. If a second critical violation is committed within the period of one (1) year (calendar or otherwise), the tattoo studio shall be subject to a civil penalty of up to five hundred dollars ($500) and the tattoo studio's permit may be revoked. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the tattoo establishment permit in a conspicuous manner and to keep this inspection report available at this facility for public disclosure to any person who requests to review it. You have the right to request a review of this report by filing a written request with the local health department within ten (10) days of the date of this report. T.C.A. Sections 62-38-201 et. seq., 68-1-103, 4-5-202, and 4-5-320.

---

Signature of Person in Charge

Date of Signature

* Identifies critical items

** Environmentalalist

By _______________________________

Time in/out __________________________ a.m. __________________________ p.m.

Dist. List 2nd - Data Entry 1st - Local File 3rd - Operator, Manager

RDA 629