



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
 X

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 _____

