



OPR/Tattooing & Body Piercing

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Complete

Document No.

Audit Title

Client / Site

Conducted on

Prepared by

Location

Personnel

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Disclaimer & Confidentiality

Disclaimer

The Inspector believes the information contained within this report to be correct at the time of the inspection. The information herein is intended to serve official OPR inspection, enforcement, and compliance functions. Neither the Inspector nor the State of Vermont recommends reliance on this report for purposes outside of official OPR sanctioned actions. The report is based on matters which were observed at the time of the inspection and is not an exhaustive record of all possible risks or hazards that may exist, or potential improvements that can be made.

Information on the latest Rules and Regulations can be found at the Vermont Secretary of State Office of Professional Regulation website.

All inspection related correspondence concerning this report shall be addressed to:

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Confidentiality Statement

In order to maintain the integrity and credibility of the risk assessment process, and to protect the parties involved, it is understood that the Inspector will not divulge to unauthorized persons any information obtained during this inspection unless legally obligated to do so.

GENERAL INSPECTION INFORMATION

Store Name, Address & Telephone Number.

Type of Establishment.

Body Piercing

Shop license number(s).

Owner

Is the owner the manager of the establishment?

Designated Registrant. / Title 26 V.S.A. § 4105(c)(1)

Shop Hours.

Hours:

Website:

Email Address:

Date of Inspection.

Reason for Inspection.

New Shop

PERSONNEL

Are licenses / registrations displayed in a conspicuous manner?

All Licenses Active?

Other personnel work in shop?

GENERAL FACILITY STANDARDS

Number of work stations.

Sink with hot and cold water? / Rule 3.2(E)(2)(a)

Yes

Is sink separate from public use bathroom?

Paper towels. / Rule 3.2(B)(1)(g)

Cleanable floors, walls, chairs furniture or surfaces? / Rule 3.2(E)(1)(e)

Floors, walls and furniture are clean and in good repair? / Rule 3.2(E)(1)(f)

Shop well-lit? / Rule 3.2(E)(1)(a)

Shop free from all pets and animals? / Rule 3.2(E)(1)(d)

Adequate separation / screening available for privacy? / Rule 3.2(E)(1)(c)

Workstations clear of any previous work? / Rules 3.3(C)(1), 3.4(D)(1)

Wastebasket with plastic lining for non-sharps? / Rules 3.3(A)(4), 3.4(A)(3)

Necessary materials in reach in workstation? / Rules 3.3(A)(6), 3.4(A)(5)

Plastic barrier material for surfaces as needed (arm support, containers, tattoo machine, lamp handle, flashlight or transdermal illuminator, etc.)? / Rules 3.3(A)(2), 3.4(B)(25)

Single use impervious gloves in stock? / Rules 3.2(B)(2)(a), 3.3(B)(5), 3.3(B)(12), 3.4(B)(2)

Single use rubber/elastic bands? / Rules 3.3(C)(4), 3.4(B)(12,30)

Disinfectants available for work area surfaces? / Rules 3.2(D)(4)(c,d), 3.3(C)(8), 3.4(D)(4)

Yes

Low-level, registered as a hospital grade disinfectant by EPA for non-infectious bodily fluid clean-up.

Mid-level, registered as a "tuberculocide" by the EPA for infectious bodily fluid clean-up.

Sharps Containers. / Rules 3.2(B)(4)(a), 3.3(A)(3), 3.4(A)(2)

Yes

Durable, closable, puncture resistant, and leak resistant on the sides and bottom. / Rule 3.2(B)(4)(a)(1)

Clearly identifiable to practitioners with appropriate hazard warning labels. / Rule 3.2(B)(4)(a)(2)

Allows visualization to the degree to which the sharps container is full. / Rule 3.2(B)(4)(a)(3)

Secure from client or visitor tampering. / Rule 3.2(B)(4)(a)(4)

Easy to use and simple to place and remove from a mounting system. / Rule 3.2(B)(4)(a)(5)

Placed at each work station? / Rule 3.2(B)(4)(b)(1)

Placed within arm's reach of the practitioner? / Rule 3.2(B)(4)(b)(2)

Placed at a vertical height, allowing practitioner to view opening of container. / Rule 3.2(B)(4)(b)(3)

Method of sharps removal by medical waste removal companies: / Rule 3.2(D)(5)(b)

Soap solution for skin cleaning? / Rule 3.2(B)(1)(a)

Yes

Brand Name.

Antiseptic fluid for skin (ex. 70% isopropyl alcohol)? / Rules 3.2(C)(9)(c,d), 3.3(B)(2), 3.4(B)(7)

Yes

Brand Name.

Is the antiseptic dated after opening? / Rule 3.2(C)(9)(e)

Is the antiseptic discarded 3 months after opening? / Rule 3.2(C)(9)(e)

Sterile instruments and needles stored in a closed, clean, glass/metal/plastic case or storage cabinet? / Rules 3.3(D)(1), 3.4(E)(1)

Yes

Is case/cabinet maintained in a sanitary manner? / Rules 3.3(D)(1), 3.4(E)(1)

Packaging intact for stored instruments?

Dental bibs (piercing). / Rule 3.4(B)(12)

Antimicrobial mouthwash for tongue piercing. / Rule 3.4(B)(8)

General instruments (pliers, forceps, etc). / Rule 3.4(B)(12-14)

Single-use disposable items discarded after each client? / Rule 3.4(B)(12)

Are ONLY single use, pre-sterilized needles, instruments and jewelry employed by the facility?

No

Autoclaved/package instruments sterilized within one year? / Rules 3.2(D)(3)(j), 3.4(B)(14)

Autoclaved/package sterilized instruments show indicator strip? / Rule 3.2(D)(3)(i)

Surgical implant grade stainless steel; surgical implant grade titanium; niobium; tantalum; solid 14k or 18k yellow or white gold; platinum; high-density, low-porosity no-toxic plastics; PTFE (inert plastic; Tygon (S-54-HL); or other materials found to be equally bio-compatible. / Rule 3.4(B)(21)

Autoclaved/package jewelry sterilized within one year? / Rule 3.4(B)(15)

Autoclaved/package sterilized jewelry show indicator strip? / Rule 3.2(D)(3)(i)

ULTRASONIC / Rules 3.3(D)(2)(b), 3.4(E)(2)(b)

Brand name.

Model & serial number.

AUTOCLAVE / Rules 3.3(D)(2)(a-c), 3.4(E)(2)(a-c)

Brand name.

Model & serial number.

Distilled water available? / Rule 3.2(D)(3)(g)(1)

2 years of autoclave spore testing available? Rules 3.3(D)(2)(c), 3.4(E)(2)(c)

Is spore testing being conducted on a monthly basis? / Rules 3.2(D)(3)(i)(4), 3.3(D)(2)(c), 3.4(E)(2)(c)

Date of last spore test.

Company contracted for spore testing.

Are records for maintenance and servicing available? / Rule 3.2(D)(3)(k)

CLIENT CONSENT FORMS

Client consent forms on hand. / Rule 3.2(F)(1)

A place for the client to sign and date. / Rule 3.2(F)(1)

An explanation of the procedure. / Rule 3.2(F)(1)(b)(1)

Complications of body and facial piercing include bruising, scarring, bleeding, skin and/or blood infection, allergic reactions to jewelry, and nerve and tissue damage. / Rule 3.2(F)(1)(b)(2)

Complications of oral piercing include bleeding, infection, tooth damage. / Rule 3.2(F)(1)(b)(3)

Does the Client Consent Form contain the following general questions?

Have you used alcohol or drugs within the last 8 hours? (Clients who have used alcohol or drugs within the last 8 hours should consider having the procedure some other day as they are at increased risk for loss of consciousness and they might regret their decision later.) / Rule 3.2(F)(2)(a)

Has it been more than 2 hours since you last ate? (Clients should have eaten within the last 2 hours before the procedure to avoid increased risk of fainting.) / Rule 3.2(F)(2)(b)

Does the Client Consent Form contain the following medical condition questions?

Mitral valve prolapse and other heart valve abnormalities - Persons with these conditions are usually advised to receive antibiotics during dental procedures. Antibiotics might also be recommended by the client's health care provider prior to having the procedure. / Rule 3.2(F)(2)(c)(1)

Herpes - Persons with a history of herpes in the procedure area are at increased risk of a reoccurrence of herpes in that area. Antiviral medication taken before and after the procedure can reduce the likelihood of a reoccurrence. / Rule 3.2(F)(2)(c)(2)

Allergies to latex - Persons with allergies to latex can react to latex gloves used by the practitioner. Allergic reactions vary in severity, but can be severe and life-threatening. Vinyl gloves should be used for clients with latex allergies. / Rule 3.2(F)(2)(c)(3)

Allergies to antibiotics - Persons with allergies to antibiotics can react to antibiotic ointment applied to the skin. Allergic reactions vary in severity, but can be severe and life-threatening. Non-medicated ointments should be used for clients with allergies to antibiotics. / Rule 3.2(F)(2)(c)(4)

Diabetes - Persons with diabetes, especially those who must take insulin, have impaired healing. They should be cleared by a physician before having the procedure. / Rule 3.2(F)(2)(c)(5)

Hemophilia, other bleeding disorders, and use of anticoagulant medications - Persons with these conditions can bleed excessively during and after the procedure. / Rule 3.2(F)(2)(c)(6)

Medications - Blood thinners (Coumadin, Warfarin, and aspirin) affect bleeding. / Rule 3.2(F)(2)(c)(7)

Autoimmune disorders - Persons with these disorders might have impaired healing. They should be cleared by a physician before receiving a tattoo. / Rule 3.2(F)(2)(c)(8)

Pregnancy or plans to become pregnant - Complications may result from nipple, navel or genital piercings. / Rule 3.2(F)(2)(c)(9)

DISCLOSURE OF INFORMATION

Disclosure forms on hand. / Rule 4.1

Means of disclosing information:

Posting the information and informing the client where the information is posted. / Rule 4.1(a)

Having the information printed, displaying the printed information in an easily accessible location and informing the client where the information is displayed. / Rule 4.1(b)

Having the information printed and directly handing a copy of the information to the client. / Rule 4.1(c)

Does the form:

Disclose registrant's professional experience and qualifications? / Rule 4.1(1)

Disclose infection control procedures and public health practices? / Rule 4.1(2)

Disclose a copy of the statutory definition of unprofessional conduct (Titles 26 V.S.A. § 4108 and 3 V.S.A. § 129(a))? / Rule 4.1(3)

Describe how to make a complaint or consumer inquiry to the Office of Professional Regulation? / Rule 4.1(4)

Have an area for signature by client at first treatment? / Rule 4.1

Have an area for signature by practitioner at first treatment? / Rule 4.1

Is the signature for the Disclosure captured on the Client Consent Form?

If disclosure is not signed by client, is there a written explanation by the practitioner? / Rule 4.1

AFTERCARE INSTRUCTIONS

Are piercing aftercare instructions available?

Yes

- How the piercing site will look and feel over the next few days. / Rule 3.4(F)(1)(a)
- Clients should be directed to wash their hands before caring for the site. / Rule 3.4(F)(1)(b)
- Instructions for cleaning the site and application of cleaning solutions and sea salt soaks until the piercing has healed. / Rule 3.4(F)(1)(b)
- Advise against using band-aids or other bandages that limit air circulation. / Rule 3.4(F)(1)(c)

Client activity restrictions, such examples as the following: / Rule 3.4(F)(1)(d)

- Over-cleaning the piecing site.
- Submerging the piercing in water such as pools, lakes, Jacuzzi.
- Tight waistbands (naval piercing).
- Hair spray and make-up (ear and facial piercing).
- Use of condoms (genital piercing).
- Signs and symptoms of infection to include excessive redness, swelling, severe itching or pus at piercing site. Fever is also a sign of infection. Clients should be instructed to contact you and their health-care provider if signs and symptoms of infection occur. If an infection is suspected jewelry should be left in until the client can be seen by a health provider. / Rule 3.4(F)(1)(e)

ORAL PIERCING INSTRUCTIONS / Rule 3.4(F)(2)

- Rinsing with cleaning solution and sea salt mixture after eating. / Rule 3.4(2)(a)
- Suck on ice to reduce swelling. / Rule 3.4(2)(b)
- Removal of plaque from tongue jewelry. / Rule 3.4(2)(c)

Client activity restrictions, such examples as the following: / Rule 3.4(2)(d)

- Oral sex.
- Chewing gum, tobacco, etc.
- Smoking.
- Aspirin.
- Salty, spicy, acidic, alcohol, hot foods in the first days.
- Shop phone number for client questions. / Rule 3.4(F)(1)(f)

BLOOD SPILL/EXPOSURE INCIDENT

Is there a method of documenting blood exposures on hand? / Rule 3.2(B)
(3)(b)(6)

Does it document the nature of the incident?

Does it document who was present?

Is bleach available in a 1:10 ratio for blood spill clean up? / Rule 3.2(B)(3)
(a)(2)

NOTES REGARDING INSPECTION / DEFICIENCIES FOUND

NOTES:

DEFICIENCIES FOUND:

SIGNATURES:

Inspector Signature:

Reviewing Designated Registrant Email Address

By signing below, the reviewing Designated Registrant acknowledges he/she has reviewed this inspection report with Inspector and any deficiencies contained herein.

Registrant Signature:

- FINDING OF NO DEFICIENCIES:** This report will serve as notice of satisfactorily closing the current inspection process.
- DEFICIENCIES FOUND:** Within the next ten days, please provide response correspondence outlining the corrective measures addressing the discrepancies outlined within the report. This will be added to the inspection record.