



**STATE OF MONTANA**  
**Environmental Health & Food Safety Section**  
**Department of Public Health & Human Services**  
**Tattooing &/or Piercing Establishment Inspection Report**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Page 1 of \_\_\_\_

Facility Name _____	License _____	Phone _____
Location Address _____	Email _____	City _____ County _____
Operator _____	Artist _____	Artist _____
Inspection Purpose: Regular <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Pre-opening <input type="checkbox"/> Other <input type="checkbox"/>		

<i>REQUIREMENT (Reference. ARM Title 37, Chapter 112, Subchapter 1)</i>	YES	NO	NOT OBSERVED	N/A
<b>Records</b> kept for 3 years and available for review.				
Current forms are approved.				
Artists-current General Sanitation, First Aid - expires ____/____/____ & Bloodborne Pathogen - expires ____/____/____				
Spore test every month. Date of last test: ____/____/____ Results: ____pass ____fail				
Current license posted.				
Variance conditions in compliance.				
<b>Water supply</b> adequate, in compliance with state and local rules.				
If not public, then 2 coliform tests/yr (Apr-Jun, Aug-Oct). Date: _____ Result: _____				
<b>Solid waste</b> storage and disposal sanitary, removed weekly to licensed disposal facility.				
Infectious/contaminated waste stored and disposed of properly.				
Dirty laundry stored properly.				
<b>Toilet rooms</b> vented, well lit, tissue and trash can available.				
Floors/walls/ceilings in good repair and clean. Not used as storage.				
Hand sink in room or w/in 10'; supplied with soap, adequate hot & cold water, disposable towels.				
<b>Disposable</b> items used once. Packaging intact, not expired.				
Non-disposable equipment and supplies placed in durable tray after use; cleaned with appropriate agent; rinsed.				
Autoclave sterilization for non-disposables.				
Jewelry autoclaved or from sterile packaging before insertion.				
Autoclave packaging not reused; indicator strips used.				
Autoclaved packages initialed, dated; packaging intact, not used after 6 months.				
Tattoo stencils cleaned and disinfected.				
<b>Work room</b> dedicated with required barrier; no animals present; not in a corridor.				
Well lit; clean; floor wet-mopped daily.				
Adequate ventilation; outer openings protected; screen openings 16 mesh or smaller.				
Hand sink has soap, adequate hot & cold water, paper towels; sanitized daily.				
Trash cans adequate, covered when not in use, emptied daily.				
Work surfaces and client contact surfaces easily cleanable; disinfected between clients.				
Supplies stored in clean container/cabinet. Sufficient supplies for three days.				
Gloves are non-latex and designed for medical use.				
<b>Procedures</b> include verbal and written aftercare instructions given before procedure.				
No procedure if artist or client is under the influence. Medical referral when needed.				
Parental consent under 18; parent remains on-site throughout procedure.				
Piercing of child under 3 includes choking hazard warning.				
No restricted practices.				
Hands washed and gloves changed after contamination; paper towel used to turn off faucet.				
Clean clothes and hair restraints as needed. Jewelry that may contact client removed or covered.				
Disposable razor for shaving; marking device used once or autoclaved between uses.				
Aseptic techniques used; instruments sterile; packaging opened in front of client.				
Antiseptic applied to skin before and after procedure; disposable applicator used.				
Inks designed for tattoo, mixed properly, labeled. Ink cups used once.				
Sterile, absorbent bandage applied over tattoos.				
Earlobe piercing mechanism pre-sterilized and approved. Good hygienic practices.				

Report Received By \_\_\_\_\_ Title \_\_\_\_\_

Inspector \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Follow-up inspection required: YES / NO**