



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

Date ____/____/____

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Facility Name _____	License _____	Phone _____
Location Address _____	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
Records 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.				
Water supply adequate, in compliance with state and local rules.				
If not public, then 2 coliform tests/yr (Apr-Jun, Aug-Oct). Date: _____ Result: _____				
Solid waste storage and disposal sanitary, removed weekly to licensed disposal facility.				
Infectious/contaminated waste stored and disposed of properly.				
Dirty laundry stored properly.				
Toilet rooms 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.				
Disposable 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.				
Work room 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.				
Procedures 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 _____

Follow-up inspection required: YES / NO