



Certification Number					

Sanitarian Code					

**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
EAR PIERCING STUDIO INSPECTION REPORT**

Program Code					
644					
Mo.	Day	Yr.			
Purpose					
Regular	1				
Follow-up	2				
Complaint	3				
Survey	4				
Other	5				

Owner _____ Est. Name _____
Address _____ Zip _____ Phone _____

Disinfection
01 High level disinfection available and used, if applicable
02 Ear Piercing instrument disinfected, if applicable

Water
16 Water source approved, proper container, if applicable

Studio Postings and Record Keeping
03 Studio certification posted
04 Artist registration posted, records maintained and available for review
05 Printed advisory and aftercare instruction
06 Consent records for minors maintained
07 Inventory of pre-sterilized, studs maintained and available for review
08 Client records maintained and available for review

Personnel
17 Personnel with infections restricted
18 Hands cleansed, hygienic practices, antibacterial gel
19 Clothing clean

Handwashing Facilities
20 Handwashing facilities clean, good repair and proper height, if applicable
21 Available soap, disposable towels and waste container

Storage and Equipment
09 Ear piercing instrument proper construction
10 Ear piercing instrument maintained and in good repair
11 Antiseptic towelettes available and used
12 Disposal gloves used
13 Surgical or disposable marking device available and used
14 Adequate storage for supplies
15 Reuse of single use articles

Sewage
22 Approved liquid waste container, if applicable
23 Proper disposal of liquid waste

Disposal of contaminated waste
24 Approved waste containers
25 Proper waste disposal

REQUIRES ALL VIOLATIONS TO BE CORRECTED WITHIN 24 HOURS

REMARKS: _____

Based on an inspection this day, the items circled above identify the violations found in the operation of your establishment, in accordance with the Kentucky Tattoo and Body Piercing Law and Regulation, 902 KAR 45:070: the violations must be corrected within 24 hours. Failure to comply with any time limits for corrections may result in suspension of your certification. An opportunity for an appeal from any notice or inspection findings will be provided if you file a written request for a conference with the department within the period of time established by the regulation.

Received By: _____
 Title: _____
 Inspected By: _____
 _____ HEALTH DEPT.

FOLLOW-UP REQUIRED

