



BUSINESS INSPECTION REPORT

Business/Entity Name:		Pre-License #/License #			D/B/A:		
Business owner/manager and business address:	Business License (EIN/FD ID):			Zip		Phone	
	City			County:			
	Last inspection date:			Inspection type: (Check one) <input type="checkbox"/> Initial/New <input type="checkbox"/> Routine <input type="checkbox"/> Change of location <input type="checkbox"/> Investigation <input type="checkbox"/> Follow-up <input type="checkbox"/> Temporary			
Inspector Name:		m/d/y for each visit					
Practice Type: (Check one) <input type="checkbox"/> Other (List on Reverse) <input type="checkbox"/> Commercial Home <input type="checkbox"/> Rental		Time/In	Time/Out	Total hours	MO State Tax Identification No:		No MO Retail Sales:
Checkmark(s) indicate the business is in violation of Missouri State requirements and shall be corrected within 30 days. Section 324.520 to 324.526 RSMo <input type="checkbox"/> NO VIOLATIONS <input type="checkbox"/> VIOLATION(S)		17. <input type="checkbox"/> All needles are sterile, used for single patron, disposed of and are placed in an approved sharps container after each use. 5.010(4)(G) 18. <input type="checkbox"/> All body piercing jewelry is individually packaged and sterilized prior to use. 5.010 (4) (H) 19. <input type="checkbox"/> Only steam autoclave sterilization equipment is provided, operating correctly and is properly cleaned and sterilized after each use. Sterilization records are maintained and kept on site for two years and include the following: date of sterilization; name of person operating equipment; results of heat sensitive indicator. 5.030(2) 20. <input type="checkbox"/> Spore test records are maintained and kept on site for two years; spore tests conducted weekly by an independent lab. 5.030(2) (A), (B), (C), (E), (G). 21. <input type="checkbox"/> Practitioners wear proper clothing and gloves. 5.010 (3)(10)(11)(12)(13) 22. <input type="checkbox"/> Signed informed consent form completed by each patron kept on the premises prior to procedure and has the following: name, address, phone, d/o/b, signature of patron and drivers Licenses. 5.020(1) (A),(B),(C)(E) 23. <input type="checkbox"/> The health assessment of each patron include questions addressing: The use of Medications that contain controlled substances, blood thinners and/or meds that weaken the immune system that fights infection; communicable diseases (HIV, HBV, or Blood Borne pathogens; allergies; diseases affecting the patron's healing processes (i.e. diabetes); current use of illegal substances (i.e. under the influence at the time of procedure); alcohol; jaundice (12 mths. prior to procedure); 5.020(D)(1),(2),(3),(4),(5),(6),(7),(8),(9). 24. <input type="checkbox"/> Each patron should sign a cautionary notice form advising them that the tattoo is permanent and can only be removed surgically which could lead to permanent scarring or disfigurement and receive written/verbal instructions for after care of all procedures. 5.020(2)(B) and 5.040(2) 25. <input type="checkbox"/> Each patron's file is kept for two years and contains: Patron's name; address, age, consent form, name, license number and signature of practitioner(s) performing any procedure and a listing of ink and dyes used. 5.020(1), (7) and 3.010(1) (F).					
1. <input type="checkbox"/> Original business license is current and posted. 3.010(1)(E) 2. <input type="checkbox"/> Original license and photo for tattooist, body piercer or brander(s) are posted and the practitioner carries proper picture id. 2.010, 5.010(2)(A) 3.010(1)(E) 3. <input type="checkbox"/> Compliance with all codes prescribed by the state and local government and/or working fire extinguisher and one smoke alarm. 3.010(1)(G) 4. <input type="checkbox"/> A sign is prominently posted for patron's stating that no person under the age of eighteen shall be tattooed, pierced, or branded. 5.020(4). 5. <input type="checkbox"/> Safe passage on the premises for the public is provided. 3.010(1)(I) 6. <input type="checkbox"/> The condition of the furniture, walls, ceiling, and windows is properly maintained(Clean, dust-free). Carpet is PROHIBITED 3.010(2)(B(1)) 7. <input type="checkbox"/> Provides barriers of sufficient height upon request 3.010(2)(F) 8. <input type="checkbox"/> Adequate lighting and ventilation is provided. 3.010(2)(D) 9. <input type="checkbox"/> Business is separate from living quarters by a floor to ceiling wall and closed solid doors during business hours and an outside entrance and has a separate entrance to the business. 3.010(2)(A) 10. <input type="checkbox"/> Public restrooms are clean, good repair and are separate from living quarters providing cleanable covered waste receptacle, anti-bacterial soap and single service towels and hot and cold water portable water under pressure. 3.010(3)(A)(C)(E) 11. <input type="checkbox"/> At least one hand-washing sink is separate from sterilization areas 3.010(3)(B)(D) 12. <input type="checkbox"/> All disposable products, infectious waste, disposable razors, tattoo stencils and contaminated waste are properly marked, removed and/or discarded in an approved, sanitary manner or Biohazard bag. 3.010(2)(G)(I)(J) and 5.010(4) (D),(E),(K) 13. <input type="checkbox"/> All equipment and surfaces, counters that comes into contact with a client are properly covered and/or cleaned with antibacterial agent between each use including ultrasonic cleaning devices. 5.010(4)(A) 14. <input type="checkbox"/> Single use containers of pigment used for each patron and all inks and pigments are obtained from an appropriate manufacturer. 5.010(4)(B) 15. <input type="checkbox"/> All instruments, product containers and reusable equipment used for and on a client are sterilized and stored in safe and sanitary manner and single use plastic covers are used for accessories (spray bottles etc.) 5.010(4)(C)(M)							
TEMPORARY ESTABLISHMENTS							
<input type="checkbox"/> The operator of the temporary establishment should be at least 18 years of age and currently is licensed in any state. 4.010(2)(A) <input type="checkbox"/> Provides an approved toilet, hand washing/cleaning facilities with hot or tempered water and sewage collection system. 4.010(3)(A) <input type="checkbox"/> Provides a restricted stationary location with a roof to prevent dust /debris from entering. 4.010(3)(B)							
<input type="checkbox"/> I agree with the inspection report <input type="checkbox"/> I disagree with the inspection report							
Signature (business owner/manager)					Inspection Date		
Print name					Title		

