

Temporary Tattoo/Body Piercing Establishment Inspection Form

Niagara County Sanitary Code Chapter XVIII

Establishment Culbert's
 Address 8735 Buffalo Ave
 CTV Niagara Falls, NY
 Phone Number(s) _____

Date 08/15/09

Buffalo Ave. Street Fest

- | | |
|--|-------------------------------------|
| 1. Artist Certifications | <input type="checkbox"/> |
| 2. Permit Requirements | <input type="checkbox"/> |
| 3. Physical Environment | <input type="checkbox"/> |
| 4. Records | <input type="checkbox"/> |
| 5. Tattooing Procedures | <input type="checkbox"/> |
| 6. Dyes/Pigments | <input type="checkbox"/> |
| 7. Sterilization of Tattooing Supplies | <input checked="" type="checkbox"/> |
| 8. Tattooing After-Care | <input type="checkbox"/> |
| 9. Body Piercing Procedures | <input checked="" type="checkbox"/> |
| 10. Sterilization of Piercing Supplies | <input checked="" type="checkbox"/> |
| 11. Temporary Establishments | <input type="checkbox"/> |

Comments

OK to operate @ this event

Key

- 1. No Violations Noted
- 2. Violation(s)
- 3. Not Applicable
- 4. Variance/Waiver Granted
- 5. Correction Made During Inspection

Person Interviewed & Title
Mark Maults 8-15-09

Report Received By & Date
James E. Zwick
 Signature of Inspector(s)