

Facility: Custom Beauty # \_\_\_\_\_  
 Address: 495 Grand Street  
Lewiston, New York, 14092

Date: 7/25/11

**It is unlawful to tattoo a minor!**

**PIERCING:**

	Y	N	Comments
<b>Certification / Permits</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. Facility is currently permitted by Niagara County (Note: Issued every 2 years - fee: \$100.00/yr) <u>Pending</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Expiration date: <u>    </u> / <u>    </u> / <u>    </u>
2. Permit is prominently displayed <u>Pending</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. All artists hold a valid Niagara County certification (Note: fee \$100.00)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Facility	Y	N	Comments
1. Facility in good repair, neat and clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Work area floor is of impervious material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Work area walls are light colored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Work area is separate from the rest of the establishment (Note: not used as a corridor or for any other activities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Work area is well lit (50 ft candles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Handwash sink with hot and cold running water in work area (soap, not bar form, single use towels or blower, handwash signs and plumbing maintained)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Adequate / sanitary storage of equipment and supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Work tables are smooth, non-absorbant and light colored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Food or drink is NOT present in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Provisions for disposal of hazardous biological waste <u>SHARPS CONTAINER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Records	Y	N	Comments
1. Patron records kept (at least 3 years) (name, signature, address, age, tattoo & body part, artist's name) <u>Explained 3yr time frame</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Procedures	Y	N	Comments
1. Printed and verbal instructions given to each patron on the possible risks and complications involved with each procedure, including reactions to dyes and aftercare instructions (release form signed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Instructions posted / clearly visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Patron is NOT under the influence of alcohol or drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Patron is NOT pregnant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Release forms signed by patron and kept with records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Artist wears a clean outer garment, is free from any communicable disease and thoroughly washes hands before and after each procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Artist wears single use disposable gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Only disposable, single use razors are used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>
9. Patrons tattoo area is thoroughly washed prior to tattooing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Stencils and writing instruments touching the skin - single use and disposable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Unused dyes in individual or single service containers must be discarded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Sterilization	Y	N	Comments
1. Only single use sterile needles are used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. All reusable instruments are cleaned ultrasonically prior to sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>
3. Autoclave used in accordance to manufacturer's instructions and Sanitary Code	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>
4. Monthly independent spore test results recorded (positive results require operations to immediately cease & Health Dept notified)	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>
5. "Peel back" bags used within 30 days and show proof of sterilization via indicator	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>

Skin Care	Y	N	Comments
1. Only approved germicidal solution used (before and after procedure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CIFWSTH (Sally Brand)</u>
2. Only approved p. jelly used and applied with single use applicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Michael Schavone

Shayla