

Tattoo/Body Piercing Establishment Inspection Form

Niagara County Sanitary Code Chapter XVIII

Establishment Niagara St. Tattoo
 Address 1312 Niagara St Date 05/13/09
 City Niagara Falls
 Phone Number(s) (716) 282-0555 BP34

		Comments
1. Artist Certifications	1 <input checked="" type="checkbox"/>	Passed cert. test on 5/12/09
2. Permit Requirements	5 <input checked="" type="checkbox"/>	approved as of this inspection
3. Physical Environment	5 <input checked="" type="checkbox"/>	OK, screens will be added if windows are opened.
4. Records	1 <input checked="" type="checkbox"/>	Provisions for records OK
5. Tattooing Procedures	1 <input checked="" type="checkbox"/>	OK
6. Dyes/Pigments	1 <input checked="" type="checkbox"/>	OK
7. Sterilization of Tattooing Supplies	1 <input checked="" type="checkbox"/>	ultrasonic & autoclave present
8. Tattooing After-Care	1 <input checked="" type="checkbox"/>	Instructions posted - OK
9. Body Piercing Procedures	3 <input type="checkbox"/>	N/A
10. Sterilization of Piercing Supplies	3 <input type="checkbox"/>	N/A
11. Other	<input type="checkbox"/>	

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

TIMOTHY MCNAB
 Person Interviewed & Title (Print)
[Signature]
 Report Received By & Date (Signature)
[Signature]
 Signature of Inspector(s)