

**Body Art Facility
Inspection Report Form**DCH-1468 (01-11)
AUTHORITY: P.A. 375 OF 2010

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NON-TRANSFERABLE
LICENSE NUMBER:FACILITY NAME
ALMONT INKSTREET ADDRESS
134 N Main StCITY VILLAGE OR TWP/ZIP
Almont MI 48003COUNTY
Lapeer

FACILITY TYPE: Body Art

MDEQ Certification #

MUNICIPAL WATER: Y N

MUNICIPAL SEWER: Y N

OWNER:
DOUG DAVISOPERATOR:
DOUG DAVISPHONE NUMBER
(586) 859-8033

DATES OF OPERATION:

Notice to Operator:

Non-critical items listed below must be corrected by the next regular inspection or as otherwise indicated. All **critical** items shall be corrected immediately or as otherwise indicated. (Michigan Public Health Code, Act 368 of 1978)

INSPECTION TYPE

Opening

KEY: ✓ = COMPLIANT X = NON-COMPLIANT NA = NOT APPLICABLE
(#) = GUIDELINES FOR BODY ART FACILITIES SECTION REFERENCE

CRITICAL VIOLATIONS:**TECHNICIAN & PATRON:**

1. ✓ REFERRAL TO MIOSHA PART 554 (6)
2. ✓ REFERRAL TO MDEQ FOR WASTE DISPOSAL (15)
3. ✓ TECHNICIAN TRAINING/ EDUCATION (7)
4. ✓ MEDICAL GRADE GLOVE USAGE (9, 13, 14)
5. ✓ NEEDLES, RAZORS, SINGLE-USE ITEMS (9, 13)
6. N/ BODY ART STENCILS / SKIN PRODUCTS SINGLE USE (13)
7. ✓ INSTRUMENTS IN STERILE PACKAGE UNTIL USED (13, 4)
8. SKIN PREPPED PRE-PROCEDURE (13)
9. NO PROCEDURE ON NON-INTACT SKIN OR MUCOSA (9)
10. ✓ APPROVED HAND WASH SINK IN PROCEDURE AREA (16)
11. ✓ PROCEDURE AREA ORGANIZED TO PREVENT CROSS CONTAMINATION (13)
12. INSTRUMENTS USED, REPLACED OR DISCARDED (7, 9, 13, 14)
13. N/ ULTRASONIC UNIT USE/MAINTAINANCE (14)
14. N/ MONTHLY SPORE TESTING DOCUMENTED (14, 18)
15. ✓ TECHNICIAN NOT UNDER THE INFLUENCE (5, 9)
16. TECHNICIAN'S PERSONAL HYGIENE (9, 14)
17. N/ SELLING/ GIVING BODY PIERCING KIT OR OTHER BODY PIERCING DEVICE TO A MINOR (5, 9, 20)
18. N/ CLIENTS COHERENT/ NOT UNDER THE INFLUENCE (5, 9)
19. ✓ WRITTEN CONSENT OF PARENT OR GUARDIAN FOR CLIENTS UNDER 18 (3, 5, 9, 10, 11)
20. ✓ NO ANIMALS, INSECTS, RODENTS, OR VERMIN (16)
21. ✓ SMOKING NOT PERMITTED AND SIGN POSTED (3, 5, 9)

CLEANING & STERILIZATION:

22. N/ JEWELRY STERILIZED IMPLANT GRADE MATERIAL (13)
23. N/ ROTARY PEN CLEANED AND STERILIZED (13)
24. ✓ TATTOO PIGMENT/ INK BOTTLES STORED/USED (13)
25. ✓ WASTE CONTAINERS COVERED & CLEAN (13, 14, 15, 16)
26. N/ CLEANING/ DISINFECTING PROCEDURE AREA AFTER USE (3, 9, 13, 14, 16)
27. N/ PROPER CLEANING AND STERILIZATION OF OBJECTS CONTAMINATED OR EXPOSED TO OPIM (9, 13, 14, 15)
28. TECHNICIAN'S OR INDIVIDUAL'S SAFE PRACTICES (9, 14)

NON-CRITICAL VIOLATIONS:**FACILITY STANDARDS:**

29. ✓ SUFFICIENT LIGHTING PROVIDED (16, 18)
30. ✓ FLOOR SPACE IN PROCEDURE AREA (16, 18)
31. ✓ WELL VENTILATED, SCREENS GOOD REPAIR (16)
32. ✓ PROCEDURE AREA SEPARATE FROM CUSTOMER AREA (16)
33. ✓ SEPARATE ROOM FOR CLEANING, DISINFECTING AND STERILIZING (16)
34. ✓ FACILITY HAS SELF-CLOSING DOORS (16)
35. ✓ WALLS, FLOORS, CEILINGS, SURFACES CLEAN & GOOD REPAIR (16)
36. ✓ ADEQUATE LAVATORY AND HAND WASHING (9, 16)
37. ✓ LAVATORY WITH HAND SINK, TOILET, COVERED WASTE RECEPTICLE (16)
38. ✓ ALL CONTAINERS PROPERLY LABELED (16)

RECORDS & PUBLIC NOTICE:

39. CURRENT LICENSE POSTED IN CUSTOMER SERVICE AREA (5)
40. ✓ HEP B VACCINATION STATUS OR DECLINATION DOCUMENTED (5, 8)
41. ✓ BODY ART VERBAL AND WRITTEN EDUCATION MATERIALS PROVIDED (10)
42. TECHNICIAN AND CLIENT RECORDS MEET MINIMUM STANDARDS (5, 11, 12, 14, 17)
43. ✓ AFTERCARE INSTRUCTIONS PROVIDED (3, 10, 11)
44. REQUIRED FORMS SIGNED BY CLIENT AND TECHNICIAN (5, 12, 17, 18)
45. RECORD OF ALL BODY ART PROCEDURES PERFORMED (5, 11, 12)
46. ✓ DISCLOSURE STATEMENT, NOTICE FOR FILING COMPLAINTS, FACILITY CHANGE, RECORDS KEPT CONFIDENTIAL AND SECURE (5, 11, 12)
47. ✓ BODY ART SUPPLY INVENTORY AVAILABLE (5)

Received by: [Signature]Inspected by: [Signature]

Date 06/10/2025

LICENSE NUMBER:

Facility meets MDHHS licensing requirements to operate. license Application and fee submitted. O.K to open.
?'s 810-245-5784

Received by: Mr. Ben

Inspected by: Jeffrey Mondor

Date 06/10/2025