

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

| IDENTIFICATION | | | | | |
|--|-------------|---|---|--|-----------------|
| OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i> | | | ESTABLISHMENT INFORMATION | | |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT | | | ESTABLISHMENT TRADING NAME <i>Ideally Brows</i> | | |
| NUMBER AND STREET | | COUNTY | NUMBER AND STREET | | COUNTY |
| | | | <i>475 N. Bridge Street</i> | | <i>Somerset</i> |
| MUNICIPALITY | | STATE | MUNICIPALITY | ZIP CODE | TELEPHONE NO. |
| | | | <i>Bridgewater</i> | <i>08807</i> | |
| ZIP CODE | COMUN. CODE | | ESTABLISHMENT STATE LICENSE NO. (if appl.) | COMUN. CODE | |
| | | | | | |
| INSPECTION | | | | | |
| TYPE OF ESTABLISHMENT <input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <i>TATTOO</i> | | ESTABLISHMENT CODE GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED | | <input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i> | |
| | | | | TIME - (2400 HOURS) | |
| | | | | DATE | BEGIN |
| | | | | <i>12/1/2021</i> | |
| | | | | | |
| | | | | | |
| EVALUATION | | | | | |
| <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | | | | | |
| OFFICIAL(S) | | | | | |
| LOCAL BOARD OF HEALTH | | | INSPECTING OFFICIAL | | |
| NAME, ADDRESS AND TELEPHONE NUMBER Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750 | | | INSPECTOR'S NAME AND TITLE <i>Patricia Timko Parker</i> <i>R.E.H.S.</i> | | |
| | | | INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i> | | |
| HEALTH OFFICER <i>Kevin Sumner</i> | | | INSPECTOR'S PERM. REG. NO. <i>B1934</i> | | |

Body Art Facility Inspection Checklist

12/1/2021
PTP, SM

N.J.A.C 8:27-1 ET SEQ.

ADMINISTRATION / APPROVAL TO OPERATE

Subchapter 2

- Previous inspection report from Health Department (2.4a, 11.2) *New Facility*
- Current Twp License provided, if required by local ordinance (2.4a)
- Current Lic/permit/insp displayed conspicuously
- Proof of prof malpractice insurance for each practitioner (2.4a, 2.7)
- Current copy of monthly negative biological indicator test for autoclave (2.4a)
- Facility is not conducting prohibited practices (2.6)

FACILITY LAYOUT & ENVIRONMENT

Subchapter 3

Facility Layout

- Waiting area physically separated from workstation & equipment cleaning room (3.1a) *only one on one appt.*
- Equipment cleaning room physically separate from workstations, if reprocessing reusable instruments (3.1b)
- Display cases & retail sales cases physically separate from workstations (3.1c)
- Liquid soap & paper towels at handwash sinks (3.1e)
- Floor & walls smooth, nonabsorbent, non porous (3.2a)
- Walls & ceilings lightly colored (3.2a)
- No carpet in work & equipment cleaning rooms (3.2a)
- Adequate lighting provided (3.2c)
- Approved water supply, well water tested (3.2d)
- Proper sewage disposal (3.2e)

Equipment Cleaning Room, if applicable (3.1b)

- _____ work flow & traffic patterns designed to flow from soiled to clean areas
- _____ signs to designate soiled & clean work spaces
- _____ operable handwash facilities
- _____ manual cleaning of instruments conducted in sufficiently sized sink
- _____ emergency eyewash station & exhaust hood, if needle building

Procedure Rooms

- _____ Free from human habitation, food, or other activity which may cause contamination (3.1c)
- _____ workstations min 80 sq ft. (3.1d)
- _____ Easily cleanable partitions between workstations
- _____ 6 ft. partition for genital piercing (3.1d)
- _____ Adequate storage cabinets to accommodate supplies (3.1d)
- _____ Handwash sink with wrist/foot/sensor controls for every two workstations (3.1e)
- _____ Furniture in workstations non porous & cleanable (3.1f)
- _____ Furniture in workstations sanitized after each use
- _____ Work areas properly ventilated to prevent

odors (3.2b)

_____ Separate room for Permanent Cosmetics (3.1d)

Sanitary Facilities & Waste management

Subchapter 3

- Public restroom available to clients during business hours (3.3a)
- Liquid soap in metal or plastic containers, paper towels provided in restrooms (3.3c)
- Proper disposal of garbage & waste: plastic bags and outside containers (3.4)
- Proper disposal of medical waste, items saturated with blood, sharps (3.4b)
- NJDEP medical waste generator number, renewed annually (3.4b)

HEALTH, SAFETY, OCCUPATIONAL

HEALTH

Subchapter 4

- Client records available upon request, 3 yrs (4.1a)
- client application (4.1b)
- medical history
- informed consent form
- N/A* consent form for minors, parent ID (4.1c)
- No smoking, eating, drinking in work, equipment cleaning rooms & bathrooms (4.2c)
- Written agreement with licensed physician for consultative services, Piercing & Perm Cosm (4.3a)
- Phone #'s of EMT, FD, Police posted by main phone (4.4a)
- Phone # of HD & Health Officer in conspicuous place (4.4d)
- First aid kit available at all times (4.4c)
- Practitioner has good personal hygiene, clean outer garments (4.6a)
- Frequent handwashing conducted (4.6a)
- Disposable, single use medical grade gloves worn at all times during procedures (4.6c)
- Written policies for latex allergies (4.6g)
- Practitioner does not work while ill, respiratory & skin conditions (4.7)
- _____ OSHA rules followed, Written Hep B Vaccine & universal precaution policies established for employees, Written Exposure control plan (4.7a, 5, 6)

ONLY open since AUG 2021

STERILIZATION & DISINFECTION

Subchapter 5

- _____ Reusable instruments washed (5.1a)
- _____ By hand _____ mechanically (ultrasonic)
- _____ Sterilization of instruments packaged in individual peel packs (5.2a)
- _____ Packs contain chemical indicator or internal temperature indicator (5.2a)

- ___ After care instructions administered to client following procedure, verbal & written
- ___ Copy of instructions signed by client & kept on file

PERMANENT COSMETICS

Subchapter 8

Training: (8.1)

- Practitioner completed 40 hr program approved by the Society of Perm Cosmetic Professionals or International Micropigmentation Association
- Prior to being certified, submits one photo of performed procedures:
 - Eye brow simulation
 - Lip Liner
 - Full lip color
 - Eye liner/ eyelash enhancer
- Practitioner certified by the Academy of Micropigmentation
- Areola restoration training completed, 8 hr program by SPCP or IMA
- 2 years experience prior to performing camouflage repairs
- Apprentice completed 40 hr program, under direct supervision of practitioner for five of each of the following:
 - Eye brow simulation
 - Lip Liner
 - Full lip color
 - Eye liner/ eyelash enhancer

Personal Protection: (8.2)

- Practitioner wearing clean, single use, water impervious gown during procedures
- Medical grade gloves worn at all times during procedures
- Fluid resistant mask worn & changed if it becomes splattered or moist with blood or body fluids
- Use protective eye wear to cover all exposed skin & mucous membranes of and around the eyes

Use of Antiseptics: (8.3)

- Wash & dry hands prior to applying antiseptics
- When performing eyeliner or eyelash enhancement, use cotton swab, eye makeup remover, water or vaseline to wash skin thoroughly
- When performing eyebrow procedures, use Q Tip to clean area with soap & water or a 70% Isopropyl alcohol disposable wipe, allow skin to dry
- Other body part procedures, clean external area with Chlorhexidine, 70-90% Isopropyl alcohol containing Products
- Allow antiseptic to dry before procedure is performed

Procedures :(8.4)

- Over the counter cosmetics intended for public use not

- left open in procedure room
- Disposable applicators used following a procedure
- Procedures not performed on client while pregnant

Topical Anesthetics: (8.5)

- Only OTC topical anesthetics used for procedures by non medical practitioners
- Proper labeling of OTC topical anesthetic by FDA registered drug manufacturer
- liquid topical anesthetic NOT used in proximity of eye or eyelids
- ___ Anesthetic eye drops NOT used for eyeliner procedures
- Topical anesthetics for external use only, not for injection or use in the eye
- ___ Local anesthetics NOT added to pigments
- Occlusive dressings or external heat sources NOT applied to topicals used in proximity to the eye
- Prescription topical anesthetics NOT used by practitioners unless by or under direct & immediate supervision of licensed physician

After Care: (8.6)

- After care instructions administered to client following procedure, verbal & written
- Copy of after care instructions signed by client & kept on file

Pigments: (8.7)

- Dyes are non toxic, non irritating to tissue, stable to light and inert to tissue metabolism
- Pigments do not contain talc
- Single use, individual dye containers for each patron
- Excess dye on skin removed with single use, lint free paper product
- Lot #, record of dye used maintained for each client
- Colorants free of acrylic monomers or polymers

EAR PIERCING (Subchapter 9)

- ___ Business offers piercing of the trailing edge of the ear with a pre-sterilized single stud & clasp ear piercing system (**Individuals who pierce the ear lobe only are exempt from NJAC 8:27**)
- ___ Annual License or permit obtained from health authority
- ___ License displayed in conspicuous place

Client Records: (9.3)

- ___ maintained for min 3 yrs
- ___ client application submitted
- ___ Consent for minor, parent ID
- ___ informed consent form
- ___ Medical advisory form

Personal hygiene: (9.5)

- ___ Practitioner is clean, clean outer garments
- ___ Hands washed frequently
- ___ waterless hand agent used where handsinks are

BOARD OF HEALTH

TATTOO PARLORS

License # 32WA03272500

Date 9/14/2020-9/30/2022

NAME OF TATTOO PARLOR: Freally Brows

ADDRESS: 475 N. Bl Phone # _____

OWNER'S NAME: Theresa Ring

ADDRESS: 17 Lawton Rd Bridgewater Home Phone # 908 809-3900

A. AUTOCLAVE YES: _____ NO: X

OF AUTOCLAVES: _____

TEMPERATURE: _____

TIME: _____

LAB REPORT PRESENT FOR THE TESTING OF AUTOCLAVE (OR OTHER APPROVED METHOD OF TESTING EQUIPMENT) YES: N/A NO: _____

B. DYES FDA APPROVED? LEGAL YES: X NO: _____

NAMES OF DYES: Tina Davies, Bio touch

MIXTURE WITH: LISTERINE N/A ALCOHOL _____ BOILED WATER: _____

LEFTOVERS, THROW AWAY YES: _____ NO: _____

CUPS: N/A

C. PREMISES CLEAN? YES: X NO: _____

D. NEEDLES TYPE: Microblading needle Mellie

NUMBER OF NEEDLES: Tina Davies - KWADRON

METHOD OF STERILIZATION: V-Select All Disposable

TIMER - TYPE: _____

E. SANITATION METHOD FOR AREA TATTOOED UPON COMPLETION: _____

Caviwipes

NO CHILD UNDER 18 TATTOOED WITHOUT SIGNED PARENTAL CONSENT

YES: X NO: _____

CONSENT FORM AVAILABLE

YES: _____ NO: _____

NOT an option if under 18

F. RECORDS

KEPT ONE YEAR?

YES: ✓ NO: _____

INCLUDES:

DATE OF TATTOOING

YES: ✓ NO: _____

NAME OF PERSON TATTOOED

YES: ✓ NO: _____

ADDRESS

YES: ✓ NO: _____

AGE

YES: ✓ NO: _____

SEX

YES: ✓ NO: _____

G. SITE OF TATTOO

DESCRIPTION:

yes

PRIVACY AREA FOR PERSONAL AREA TO BE TATTOOED

YES: X NO: _____

H. DYES

SOURCE:

TYPE:

MANUFACTURER:

Tina Davies, Bio touch

LABELED:

yes - All expiration dates etc

I. OPERATION BASIS

APPOINTMENT:

SCHEDULED HOURS:

By appointment only

J. HAVE ALL TATTOO ARTISTS WORKING FROM THIS ESTABLISHMENT BEEN VACCINATED FOR HEPATITIS B?

YES: ✓ NO: _____

only owner

IF FOR SOME MEDICAL REASON THEY HAVE NOT BEEN VACCINATED, DO THEY HAVE A LETTER FROM THEIR PHYSICIAN CERTIFYING THEY DO NOT HAVE HEPATITIS B? #

YES: _____ NO: _____

N/A

K. ARE THE BATHROOMS CLEAN?

YES: X NO: _____

- L. ARE THE CHAIR AND TABLES MADE OF NON-ABSORBANT MATERIAL?
- M. IS A SANITIZING SOLUTION PROVIDED TO CLEAN TABLES AND CHAIRS?
- N. ARE WALLS SMOOTH AND EASILY CLEANABLE?
- O. HAVE EMPLOYEES ATTENDED A BLOOD-BORNE PATHOGEN TRAINING PROGRAM?
- P. IS MEDICAL WASTE DISPOSED OF IN AN APPROVED MANNER?

YES: X NO: _____

YES: X NO: _____

YES: X NO: _____

YES: X NO: _____

YES: X NO: _____

INSPECTED BY:

Patricia Timko Parker

Middle Brook Regional Health Commission
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