

BOARD OF HEALTH

TATTOO PARLORS

License # \_\_\_\_\_

Date

9/27/22

NAME OF TATTOO PARLOR: Master piece Beauty Bar

ADDRESS: Phoenix Suites 1593 US Hwy 22 Phone # 732-819-1383

OWNER'S NAME: Georgina Spallucci

ADDRESS: 90 Autumn Ridge Rd, Bedminster Home Phone # (908) 581 8077  
(Satisfactory)

A. AUTOCLAVE

YES: \_\_\_\_\_ NO:

# OF AUTOCLAVES: \_\_\_\_\_

Disposable

TEMPERATURE: \_\_\_\_\_

TIME: \_\_\_\_\_

LAB REPORT PRESENT FOR THE TESTING OF AUTOCLAVE (OR OTHER APPROVED METHOD OF TESTING EQUIPMENT)

YES: \_\_\_\_\_ NO: \_\_\_\_\_

B. DYES

FDA APPROVED? LEGAL

YES:  NO: \_\_\_\_\_

NAMES OF DYES: \_\_\_\_\_

Chemical technical  
Perm a Blend, 460 A Greenway  
Fort Mill, SC 29708  
Lab. JWD  
Dr.

MIXTURE WITH: LISTERINE \_\_\_\_\_ ALCOHOL \_\_\_\_\_ BOILED WATER: \_\_\_\_\_

LEFTOVERS, THROW AWAY

YES:  NO: \_\_\_\_\_

CUPS: \_\_\_\_\_

C. PREMISES CLEAN?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

D. NEEDLES

TYPE: \_\_\_\_\_

Liners + magnum's (thick)  
needles

NUMBER OF NEEDLES: \_\_\_\_\_

100 needles

METHOD OF STERILIZATION: \_\_\_\_\_

THERM - TYPE: \_\_\_\_\_

E. SANITATION METHOD FOR AREA TATTOOED UPON COMPLETION: Sani-Cloths  
+ Alcohol

NO CHILD UNDER 18 TATTOOED WITHOUT SIGNED PARENTAL CONSENT

YES: N/A NO: \_\_\_\_\_  
YES: No one under age NO: \_\_\_\_\_

CONSENT FORM AVAILABLE

F. RECORDS

KEPT ONE YEAR? (3 years)

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:

PRIVACY AREA FOR PERSONAL AREA TO BE TATTOOED

YES:  NO: \_\_\_\_\_

H. DYES

SOURCE:

TYPE:

MANUFACTURER:

LABELED:

I. OPERATION BASIS

APPOINTMENT:

SCHEDULED HOURS:

Appointment only

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

YES:  NO: \_\_\_\_\_

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: \_\_\_\_\_

K. ARE THE BATHROOMS CLEAN?

YES:  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:  NO:

YES:  NO:

YES:  NO:

YES:  NO:

YES:  NO:

INSPECTED BY:

*Roby*

*Satisfactory*

Middle Brook Regional Health Commission  
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 Mt. Pleasant, NJ 08846  
 (908) 558-8090