

BOARD OF HEALTH  
TATTOO PARLORS

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

Date 11/30/21

NAME OF TATTOO PARLOR: Masterpiece Beauty Bar

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

OWNER'S NAME: Georgina Spallucci <sup>Watchy</sup>

ADDRESS: 90 Autumn Ridge Rd. Bedminster Home Phone # (908) 581-

Pre-opening Inspection - Satisfactory <sup>NJ</sup> 8077

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: X

B. DYES  
FDA APPROVED? LEGAL YES: X NO: \_\_\_\_\_

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

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

LEFTOVERS, THROW AWAY YES: \_\_\_\_\_ NO: \_\_\_\_\_

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

C. PREMISES CLEAN? YES: \_\_\_\_\_ NO: \_\_\_\_\_

D. NEEDLES  
TYPE: \_\_\_\_\_  
NUMBER OF NEEDLES: \_\_\_\_\_  
METHOD OF STERILIZATION: \_\_\_\_\_  
\_\_\_\_\_

TIMER - TYPE: \_\_\_\_\_

E. SANITATION METHOD FOR AREA TATTOOED UPON COMPLETION: \_\_\_\_\_

NO CHILD UNDER 18 TATTOOED WITHOUT SIGNED PARENTAL CONSENT

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

CONSENT FORM AVAILABLE

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

F. RECORDS

KEPT ONE YEAR?

N/A

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:

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: \_\_\_\_\_

ARE THE CHAIR AND TABLES MADE OF NON-ABSORBANT MATERIAL?

YES:

NO:

M. IS A SANITIZING SOLUTION PROVIDED TO CLEAN TABLES AND CHAIRS?

YES:

NO:

N. ARE WALLS SMOOTH AND EASILY CLEANABLE?

YES:

NO:

O. HAVE EMPLOYEES ATTENDED A BLOOD-BORNE PATHOGEN TRAINING PROGRAM?

YES:

NO:

P. IS MEDICAL WASTE DISPOSED OF IN AN APPROVED MANNER?

YES:

NO:

INSPECTED BY:

*Roby*

*Pre-op inspection for New Body Art Facility*

*Satisfactory*

Middle Brook Regional Health Commission  
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