



Tattoo Establishment Inspection Report Temporary Event

Establishment

Name: _____
Owner: _____
Address: _____
City/State/Zip _____
Phone Number: _____

Inspection

Date: _____
Time: _____
Length: _____
Date of Re-Inspection: _____

STOP: Do not sign in this box until pages 1 & 2 of the inspection form are complete.

 Establishment Representative

Inspector

Print: _____

Print: _____

Signature: _____

Signature: _____

Phone #: _____

Email: _____

Key: S = Satisfactory U = Unsatisfactory N/A = Not Applicable

Permit Requirements & Record Keeping

S	U	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.9(1) Establishment Permit shall be current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.11(7) Establishment Permit shall be printed and posted in a conspicuous location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.11(7) Each artist's permit shall be printed and posted in a conspicuous location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.11(7) The most recent inspection report shall be posted in a location readily visible to the public

Temporary Establishment

S	U	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.11(2) The event is in a permanent building
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.11(3)a Conveniently located Handwashing facilities available with hot and cold running water, a mixing type faucet, liquid soap, and paper towels or hand dryer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.4(3) Easily accessible toilet facilities with a sink for handwashing are available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.11(3)b Condition of the establishment is at least 80 square feet per booth, adequately lighted, and is clean/sanitary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.11(3)f Floors are smooth and impervious or covered with an impermeable barrier
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.6(2) Privacy panel or barrier is available

Sanitation and Infection Control

S	U	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.4(9)a Food & drink consumption is not allowed in the tattoo area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.4(9) Absence of smoking, intoxicating beverages, and controlled substances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	641-22.4(6) Entire premises are clean and sanitary, vermin free, and in good repair

ENFORCEMENT ON NEXT PAGE



Enforcement (641-22.16)

1) Which section(s) are there violations of the Iowa Code or Iowa Administrative Code and in which manner did the owner or operator fail to comply?

2) What are the steps and timeline required for correcting the violation?

\$ _____ Inspection Fee Due On: ____ / ____ / ____

IAC 641-22.14(9)

The inspected establishment shall post the most recent inspection report at the establishment in a location readily visible to the public