

TATTOO ESTABLISHMENT INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH

		LISHMENT				- 13	(TOO)	ATE	SCORE	
J'add	ore	Haus of Brows					05	3/31/23		
LOC 7041 Suite	LΗ	ighway 70 South	STAFF					ST. NO. 65315274	100/100	
	_	STATE, ZIP	TYPE				ΡΙ	JRPOSE		
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PERM	MI	ГТЕЕ					79107	DLLOW- UP () YES EQUIRED NO		
		PROHIBITED ACTS						LIGHTING	*	
1	1.	Minor clients, tattoo removal, unhealth	y site	2		19).	Adequate		1
- 1	2.	Licensed artist not on duty		2				VENTILATION		
		PHYSICAL FACILITIES		-		20).	Sufficient, installed, maintaine	bd	1
- 3	Work area separated						GENERAL OPERATIONS			
* 2	4.	Autoclave meets minimum time, tempo	erature, pressure	5	*	21		Toxic items stored, labeled, us	sed	5
	5. Regulated waste properly disposed			2			\neg	Premises maintained free of lit	tter, unnecessary articles,	
WATER						22	2.	unauthorized personnel, animals, clean, maintenance,		1
* (6.	Water source approved, hot and cold us	nder pressure	5				equipment properly stored		
		SEWAGE	HDW-14 WOD'S					TATTOO EQUIPMENT	& UTENSILS	
* 1	7.	Sewage and liquid waste disposal		5		23		Properly installed, maintained,	, constructed, designed	1
		PLUMBING		7	*	24		No reuse of single use articles		5
	8.	Installed, maintained		1		25	5.	Clean, free of abrasives and cl	eaners	1
* (9.	Cross-connection, backflow, back-siph	onage	. 5		26	j	Aisles unobstructed		1
		TOILET/HANDWASHING FAC	CILITIES		TATTOO OPERATIONS					
* 10),	Installed, designed, number, convenient, available			*	27		Good hygienic practices, proper handwashing		5
		Enclosed, tight-fitting doors, fixtures clean, toilet tissue,				28	3.	Clean clothing, lap cloth used,	Commence of the Commence of th	1
11	covered receptacles, antibacterial soap, disposable towels/hand drying devices			1		29		Employees with infectious lesions on hands restricted from tattooing		
GARBAGE & REFUSE DISPOSAL					*	30),	Monthly microbiological monitoring tests		
Containers clean, adequate number, covered, insect or 12. rodent proof. Outside storage area clean, adequately si				1	 Tubes and needles sterilized in an approved m Equipment sterilized for no more than one (1) 		ore than one (1) year.	5		
covered, controlled incineration				*	32	\rightarrow	Work room equipped and restocked as required			
	-	INSECT/RODENT CONTROL			*	33.	\rightarrow	Sterile instruments properly ha		5
* 13	3.	Presence/evidence of insects, rodents, l	narborage—outer	5	*	34	-	Reusable instruments properly	handled	5
	openings protected.			-	35	\rightarrow			1	
		FLOORS/WALLS/CEILINGS/F			-	36	\rightarrow	Tattoo log available		1
14	-	Floors—constructed, drained, clean, go		1	_	37		Instructions provided on care of	of tattoo/body piercing	1
1:	5.	Walls—constructed, clean, good repair		1			-	ADMINISTRATION		-
16		Ceilings/attached equipment—construct repair		1		38	-	Infections reported		0
17		Work area furnishings—sanitized between	Contract Con	1		39	-	Current permit/license posted		0
18	8.	Work area furnishings-clean, good re	pair	1		40),	Most current complete inspect	ion report available	0

Failure to correct any violations of critical items within seven (7) days or failure to correct violations of any noncritical items within fourteen (14) days may result in suspension of your tattoo establishment permit. If a second critical violation is committed within the period of one (1) year (calendar or otherwise), the tattoo studio shall be subject to a civil penalty of up to five hundred dollars (\$500) and the tattoo studio's permit may be revoked. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the tattoo establishment permit in a conspicuous manner and to keep this inspection report available at this facility for public disclosure to any person who requests to review it. You have the right to request a review regarding this report by filing a written request with the local health department within ten (10) days of the date of this report. T.C.A. Sections 62-38-201 et. seq., 68-1-103, 4-5-202, and 4-5-320.

Signature of Person in Charge	MA	By Kol 2d			
Date of Signature	05/31/23	Time in/out	03:05 PM	03:25 PM	

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Establishment Information

Establishment Name: J'adore Haus of Brows

Establishment Number: 665315274



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See page at the end of this document for any violations	s that could not be displayed in this space.
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^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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Observed Violat	ions (cont'd)			
Additional Com	ments (cont'd)			
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Establishment Information

Many people have hepatitis C and do not know it

CDC now recommends all adults be tested for hepatitis C



Licensed facilities use safe tattooing and/or piercing techniques that are proven to prevent hepatitis C and other infections such as HIV



Get Tested, Treatment Cures





