

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

ESTABLISHMENT QUEEN OF HEARTS					- 13	DATE 12/16/21 SCO		SCORE		
LOCATION 2225 NOLENSVILLE ROAD STAFF Robert Krisle						EST. NO. 665240049			100/100	
CITY, STATE, ZIP Nashville TN 37211 Permanent					PURPOSE Routine					
PE	RMI	TTEE					FOLLOV REQUIR			
		PROHIBITED ACTS					LIGH	ITING		
1	1.	Minor clients, tattoo removal, unhealthy	site	2		19	Adequ	ate		1
	2.	Licensed artist not on duty		2	VENTI		VEN	TILATION	ILATION	
		PHYSICAL FACILITIES				20.	Suffic	ient, installed, mainta	ined	1
1	3.	Work area separated		1			GEN	ERAL OPERATION	ONS	
	4.	Autoclave meets minimum time, temper	rature, pressure	5	*	21.	Toxic	items stored, labeled,	used	5
	5.	Regulated waste properly disposed		2			Premis	ses maintained free of	litter, unnecessary articles,	
		WATER			22.		unauth	orized personnel, ani	nimals, clean, maintenance,	
*	6.	Water source approved, hot and cold under pressure					equipr	ment properly stored		
		SEWAGE			TATTOO EQUIPMENT & UTENSILS					
*	7.	Sewage and liquid waste disposal		5		23.	Proper	ly installed, maintain	ed, constructed, designed	1
		PLUMBING		17. 27.		24	No ret	ise of single use articl	es	5
	8.	Installed, maintained		1		25.	Clean,	free of abrasives and	cleaners	-1
	9.	Cross-connection, backflow, back-sipho	nage	5		26.	Aisles	unobstructed		1
		TOILET/HANDWASHING FACILITIES				TATTOO OPERATIONS				
	10.	Installed, designed, number, convenient,	available	5	*	27	Good	hygienic practices, pr	oper handwashing	5
		Enclosed, tight-fitting doors, fixtures clean, toilet tissue,			28.	Clean	clothing, lap cloth us	ed, spill kits available	1	
covered receptacles, antibacterial soap, disposable towels/hand drying devices			1		29.		Employees with infectious lesions on hands restricted from tattooing			
GARBAGE & REFUSE DISPOSAL				*	30.	Month	ly microbiological m	onitoring tests	5	
	Containers clean, adequate number, covered, insect or rodent proof. Outside storage area clean, adequately sized,		1		31.	Equip	ment sterilized for no	in an approved manner, more than one (1) year.	5	
_		covered, controlled incineration			*	32.	Work room equipped and restocked as required			5
		INSECT/RODENT CONTROL			*	33.		instruments properly		5
	13.	Presence/evidence of insects, rodents, he	arborage—outer	5	*	34.	_	ble instruments prope		5
		openings protected.				35.		ved dyes or pigments		1
		FLOORS/WALLS/CEILINGS/FU				36.	_	log available		1
	14.	Floors—constructed, drained, clean, goo	od repair	1	_	37.			e of tattoo/body piercing	1
	15. Walls—constructed, clean, good repair 1			ADMINISTRATION				7		
	16.	Ceilings/attached equipment—construct repair	ed, clean, good	1		38.	Infecti	ons reported		0
	17.	Work area furnishings—sanitized between	en clients	1		39.	Curren	nt permit/license posto	bd	0
	18.	Work area furnishings—clean, good repair				40.	Most	Most current complete inspection report available		

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 _	024	Ву	Pall		EHS
Date of Signature	12/16/21	Time in/out	02:50 PM	03:45 PM	

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Establishment Information



Establishment Name: QUEEN OF HEARTS		
Establishment Number: 665240049		
Observed Micheliers		_
Observed Violations		
Total # 0		
***See page at the end of this document for any violations	ns that could not be displayed in this space.	
Additional Comments		

Artists: Crystal Harris, Joel Hardin, Todd Barrett, Morgan Mann, Joshua Culp.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Informa	ion
Establishment Name: QU	EN OF HEARTS
Establishment Number :	65240049
Observed Violations (c	ont'd)
Additional Comments	cont'd)

## 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





