



**BODY PIERCING ESTABLISHMENT INSPECTION REPORT
TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH**

| | | | |
|---|--------------------------------|---|-------------------------------------|
| ESTABLISHMENT Absolute Ink Body Piercing Studio | | DATE 02/22/2024 | SCORE <u>100</u> /100 |
| LOCATION 1403 Greenland Dr., UNIT D | STAFF Shannon Gannon | EST. NO. 670204160 | |
| CITY, STATE, ZIP Murfreesboro TN 37130 | TYPE Permanent | PURPOSE Routine | |
| PERMITTEE Absolute Ink | | FOLLOW-UP () YES REQUIRED (X) NO | |

PROHIBITED ACTS

| | | |
|----|---------------------------------|---|
| 1. | Minor clients, unhealthy site | 2 |
| 2. | Licensed technician not on duty | 2 |

PHYSICAL FACILITIES

| | | |
|------|---|---|
| 3. | Work area separated | 1 |
| * 4. | Autoclave meets minimum time, temperature, pressure | 5 |
| 5. | Regulated waste properly disposed | 2 |

WATER

| | | |
|------|--|---|
| * 6. | Water source approved, hot and cold under pressure | 5 |
|------|--|---|

SEWAGE

| | | |
|------|----------------------------------|---|
| * 7. | Sewage and liquid waste disposal | 5 |
|------|----------------------------------|---|

PLUMBING

| | | |
|------|--|---|
| 8. | Installed, maintained | 1 |
| * 9. | Cross-connection, backflow, back-siphonage | 5 |

TOILET/HANDWASHING FACILITIES

| | | |
|-------|--|---|
| * 10. | Installed, designed, number, convenient, available | 5 |
| 11. | Enclosed, tight-fitting doors, fixtures clean, toilet tissue, covered receptacles, antibacterial soap, disposable towels/hand drying devices | 1 |

GARBAGE & REFUSE DISPOSAL

| | | |
|-----|--|---|
| 12. | Containers clean, adequate number, covered, insect or rodent proof. Outside storage area clean, adequately sized, covered, controlled incineration | 1 |
|-----|--|---|

INSECT/RODENT CONTROL

| | | |
|-------|--|---|
| * 13. | Presence/evidence of insects, rodents, harborage—outer openings protected. | 5 |
|-------|--|---|

FLOORS/WALLS/CEILINGS/FURNISHINGS

| | | |
|-----|---|---|
| 14. | Floors—constructed, drained, clean, good repair | 1 |
| 15. | Walls—constructed, clean, good repair | 1 |
| 16. | Ceilings/attached equipment—constructed, clean, good repair | 1 |
| 17. | Work area furnishings—sanitized between clients | 1 |
| 18. | Work area furnishings—clean, good repair | 1 |

LIGHTING

| | | |
|-----|----------|---|
| 19. | Adequate | 1 |
|-----|----------|---|

VENTILATION

| | | |
|-----|-----------------------------------|---|
| 20. | Sufficient, installed, maintained | 1 |
|-----|-----------------------------------|---|

GENERAL OPERATIONS

| | | |
|-------|--|---|
| * 21. | Toxic items stored, labeled, used | 5 |
| 22. | Premises maintained free of litter, unnecessary articles, unauthorized personnel, animals, clean, maintenance, equipment properly stored | 1 |

PIERCING EQUIPMENT & UTENSILS

| | | |
|-------|---|---|
| 23. | Properly installed, maintained, constructed, designed | 1 |
| * 24. | No reuse of single use articles | 5 |
| 25. | Clean, free of abrasives and cleaners | 1 |
| 26. | Aisles unobstructed | 1 |

PIERCING OPERATIONS

| | | |
|-------|---|---|
| * 27. | Good hygienic practices, proper handwashing | 5 |
| 28. | Clean clothing, lap cloth used, spill kits available | 1 |
| * 29. | Employees with infectious lesions on hands restricted from piercing | 5 |
| * 30. | Weekly microbiological monitoring tests | 5 |
| * 31. | Needles sterilized in an approved manner. Equipment sterilized for no more than one (1) year. | 5 |
| * 32. | Work room equipped and restocked as required | 5 |
| * 33. | Sterile instruments properly handled | 5 |
| * 34. | Reusable instruments properly handled | 5 |
| 35. | Body piercing log available; Department copied on minors | 2 |
| 36. | Instructions provided on care of body piercing | 1 |

ADMINISTRATION

| | | |
|-----|---|---|
| 37. | Infections reported | 0 |
| 38. | Current permit/license posted | 0 |
| 39. | Most current complete inspection 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 cessation of operation. If three (3) or more critical violations are committed within the period of one (1) year (calendar or otherwise), the body piercing establishment permit shall be subject to revocation. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the body piercing 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 Director of Environmental Health within ten (10) days of the date of this report. T.C.A. Sections 4-5-202, 4-5-301, 62-3B-301 et. seq., 68-2-608, and 68-2-609.

(*) Identifies critical items

Signature of Person in Charge

By EHS

Date of Signature 02/22/2024

Time in/out 03:46 PM 03:56 PM

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TENNESSEE DEPARTMENT OF HEALTH
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Establishment Information

Establishment Name: Absolute Ink Body Piercing Studio

Establishment Number: 670204160

Observed Violations

Total # 0

***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments

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

Establishment Information

Establishment Name: Absolute Ink Body Piercing Studio

Establishment Number : 670204160

Observed Violations (cont'd)

Additional Comments (cont'd)

Source Type: Water

Source: City

**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**



For more information, call your local health department
<https://www.tn.gov/health/health-program-areas/localdepartments.html>