

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

ESTABLISHMENT Got Ink? #615					- 13	TO THE	SC(SCORE 100/100		
LOCATION STAFF 8204 Florence Rd Brennen Boone				EST. NO. 665308158						
CITY	75.010	24-977-072-507-072	ΓΥΡΕ Permanent			- 11		TRPOSE utine		
PERM	Mľ	TTEE					A127	COLLOW- UP () YES COUIRED NO		_
		PROHIBITED ACTS						LIGHTING		
1	1.	Minor clients, tattoo removal, unhealthy	site	2		19).	Adequate	3-1	1
- 2	2.	Licensed artist not on duty		2				VENTILATION		
		PHYSICAL FACILITIES		-		20).	Sufficient, installed, maintained		1
3	3.	Work area separated		1			-	GENERAL OPERATIONS		
* 4	4.	Autoclave meets minimum time, temper	rature, pressure	5	*	21		Toxic items stored, labeled, used		5
	5.	Regulated waste properly disposed		2			\exists	Premises maintained free of litter, unnec	essary articles,	
		WATER		**************************************		22	2	unauthorized personnel, animals, clean, r		1
* (6.	Water source approved, hot and cold un	der pressure	5				equipment properly stored		
		SEWAGE	Difference works		1000			TATTOO EQUIPMENT & UTEN	SILS	
*	7.	Sewage and liquid waste disposal		5		23		Properly installed, maintained, constructed	ed, designed	1
		PLUMBING		1/2	*	24		No reuse of single use articles		5
	8.	Installed, maintained		1		25		Clean, free of abrasives and cleaners		1
* 9	9.	Cross-connection, backflow, back-sipho	nage	5		26	i	Aisles unobstructed		1
		TOILET/HANDWASHING FAC	ILITIES		Olu			TATTOO OPERATIONS		
* 10),	Installed, designed, number, convenient,	available	5	*	27		Good hygienic practices, proper handwas	shing	5
		Enclosed, tight-fitting doors, fixtures cle				28		Clean clothing, lap cloth used, spill kits a	Charles State Company of the Company	1
11	I.	covered receptacles, antibacterial soap, of towels/hand drying devices	disposable	1		29		Employees with infectious lesions on har from tattooing	nds restricted	5
	- 0	GARBAGE & REFUSE DISPOSA	AL.		*	30	1	Monthly microbiological monitoring test		5
12	2.	Containers clean, adequate number, coverdent proof. Outside storage area clean		1		31		Tubes and needles sterilized in an approv Equipment sterilized for no more than on	ne (1) year.	5
	_	covered, controlled incineration			*	32	-	Work room equipped and restocked as re	equired	5
		INSECT/RODENT CONTROL			*	33	\rightarrow	Sterile instruments properly handled		5
* 13	3.	Presence/evidence of insects, rodents, he openings protected.	arborage—outer	5		34	-	Reusable instruments properly handled		5
	_		DAUGHINGO		\vdash	35	\rightarrow	Approved dyes or pigments		1
		FLOORS/WALLS/CEILINGS/FU			\vdash	36	-	Tattoo log available		1
14	-	Floors—constructed, drained, clean, goo	nd repair	1	1	37	•	Instructions provided on care of tattoo/bo	ody piercing	1
15	٥.	Walls—constructed, clean, good repair Ceilings/attached equipment—construct	ad alasn anad	1			1	ADMINISTRATION		1
16		repair		1		38	-	Infections reported		0
17	-	Work area furnishings—sanitized betwee		1		39		Current permit/license posted		0
18	-	Work area furnishings—clean, good rep ies critical items	air	1		40),	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 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	Granfled	By	A a	EHS
Date of Signature	08/21/24	Time in/out	10:47 AM 11:20 AM	

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Establishment Information					
Establishment Name: Got Ink? #615					
Establishment Number: 665308158	3				
Observed Violations					
Total # 0			10000		
T State of Control of					
***See page at the end of this document for	r any violations th	at could not be disp	played in this space	e.	
Additional Comments					
Additional Comments					

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

Establishment Name: Got II	nk? #615
Establishment Number : 66	55308158
Observed Violations (co.	nt'd)
4 1 114 - 1 5	
Additional Comments (C	
Source Type: Water	Source: Smyrna city

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





