

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

ESTABLISHMENT Confetti Club					DATE 04/28/22 SCO		SCORE			
LOCATION 935 E. Trinity Lane STAFF Dorian Godboldt					EST. NO. 665312157			100/100		
	TY, S ashvi	STATE, ZIP lle TN 37207	TYPE Permanent			- 11		URPOSE utine		
PE	RMI	TTEE						DLLOW- UP ( ) YES EQUIRED NO		
		PROHIBITED ACTS						LIGHTING		
	1.	Minor clients, tattoo removal, unhealth	y site	2		19.	. [	Adequate		1
	2.	Licensed artist not on duty		2	0.77			VENTILATION		
_		PHYSICAL FACILITIES		-		20.		Sufficient, installed, maintained		1
	3.	Work area separated		1				GENERAL OPERATIONS		
*	4.	Autoclave meets minimum time, tempo	erature, pressure	5	*	21.		Toxic items stored, labeled, used	l.	5
	5.	Regulated waste properly disposed		2			T	Premises maintained free of litter	r, unnecessary articles,	
		WATER				22.		unauthorized personnel, animals,		1
*	6.	Water source approved, hot and cold us	nder pressure	5				equipment properly stored		
		SEWAGE	monthly words —		11/2/			TATTOO EQUIPMENT &	UTENSILS	
*	7.	Sewage and liquid waste disposal		5		23.		Properly installed, maintained, co	onstructed, designed	1
		PLUMBING		1/2 2/1	*	24		No reuse of single use articles		5
	8.	Installed, maintained		1		25.		Clean, free of abrasives and clean	ners	1
*	9.	Cross-connection, backflow, back-siph	onage	5		26.		Aisles unobstructed		1
	- 0	TOILET/HANDWASHING FAC	TLITIES		OIL			TATTOO OPERATIONS		
	10.	Installed, designed, number, convenien	t, available	5	*	27.	J	Good hygienic practices, proper	handwashing	5
		Enclosed, tight-fitting doors, fixtures clean, toilet tissue,				28.		Clean clothing, lap cloth used, spill kits available		1
	11.	covered receptacles, antibacterial soap, disposable towels/hand drying devices				29.		Employees with infectious lesion from tattooing	is on hands restricted	5
		GARBAGE & REFUSE DISPOSAL				30.		Monthly microbiological monito	ring tests	5
	12.	Containers clean, adequate number, co- rodent proof. Outside storage area clea		1		31.		Tubes and needles sterilized in a Equipment sterilized for no more	than one (1) year.	5
_		covered, controlled incineration				32.	_	Work room equipped and restock		5
		INSECT/RODENT CONTROL			*	33.	-	Sterile instruments properly hand		5
*	13.	Presence/evidence of insects, rodents, l openings protected.	narborage— outer	5		34.	-	Reusable instruments properly hi	anaica	5
_			UDMICHINGO		$\vdash$	35.	$\rightarrow$	Approved dyes or pigments		1
	14	FLOORS/WALLS/CEILINGS/F			$\vdash$	36.	-	Tattoo log available	entro a Arrodo anto anto a	1
-	14.	Floors—constructed, drained, clean, go		1		37.	•	Instructions provided on care of	tatioo/body piercing	1
-	3575	Walls—constructed, clean, good repair Ceilings/attached equipment—construc		1		-	1	ADMINISTRATION		T
	16.	repair construc	acd, cican, good	1		38.		Infections reported		0
	17.	Work area furnishings—sanitized betw	een clients	1		39.		Current permit/license posted		0
18. Work area furnishings—clean, good repair 1				40.		Most current complete inspection	n 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	Jol.	Ву	De Stackt		EHS
Date of Signature	04/28/22	Time in/out	12:00 PM	12:45 PM	

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Establishment Information	
Establishment Name: Confetti Club	
Establishment Number: 665312157	

Observ	red Violations		
Total #	0		

## Additional Comments

Reviewed, discussed, and answered question about and proof of age and saving a copy of proof of age for record keeping.

Deryk Webb HE665312157 Sophia F Bruce HE664242877

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

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

Establishment Name: Confetti Club				
Establishment Number : 665312157				
Observed Violations (co	nt'd)			
	**			
Additional Comments (c				
Source Type: Water	Source: Metro/municipal			

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





