

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

ESTABLISHMENT Bright Ideas Tattoo				DATE 01/09/24			SCORE		
LOCATION STAFF 2403 E. Main St. Shannon Gannon			ı		- 1.		T. NO. 5218135 100	100/100	
Comment of the Commen	40 metr maskantaar	TYPE Permanent			- 11		TRPOSE utine		
	ITTEE Ideas Tattoo Studio					A1125-0	COURED ( ) YES		
	PROHIBITED ACTS						LIGHTING		
1.	Minor clients, tattoo removal, unhealthy	site	2		19		Adequate		1
2.	Licensed artist not on duty		2				VENTILATION		
	PHYSICAL FACILITIES		-		20		Sufficient, installed, maintained		1
3.	Work area separated		1	-			GENERAL OPERATIONS		
* 4.	Autoclave meets minimum time, tempera	afure, pressure	5	*	21		Toxic items stored, labeled, used		5
5.	Regulated waste properly disposed		2			T	Premises maintained free of litter, unnecessa	ry articles.	
	WATER				22	2	unauthorized personnel, animals, clean, main		1
* 6.	Water source approved, hot and cold und	ler pressure	5				equipment properly stored		
	SEWAGE			I Varia			TATTOO EQUIPMENT & UTENSII	LS	
* 7.	Sewage and liquid waste disposal		5		23		Properly installed, maintained, constructed,	designed	1
	PLUMBING			*	24		No reuse of single use articles		5
8.	Installed, maintained		1		25		Clean, free of abrasives and cleaners		1
* 9.	Cross-connection, backflow, back-siphor	nage	5		26		Aisles unobstructed		1
	TOILET/HANDWASHING FACI	LITIES		010			TATTOO OPERATIONS		
* 10.	Installed, designed, number, convenient,	available	5	*	27		Good hygienic practices, proper handwashin	g	5
	Enclosed, tight-fitting doors, fixtures cle				28		Clean clothing, lap cloth used, spill kits avai	A Section Administration of the Control of the Cont	1
11.	covered receptacles, antibacterial soap, d towels/hand drying devices	lisposable	1		29		Employees with infectious lesions on hands from tattooing	restricted	5
	GARBAGE & REFUSE DISPOSA	L	-///-	*	30		Monthly microbiological monitoring tests		5
12.	Containers clean, adequate number, cover rodent proof. Outside storage area clean		1		31		Tubes and needles sterilized in an approved Equipment sterilized for no more than one ()	1) year.	5
	covered, controlled incineration			*	32	_	Work room equipped and restocked as requi	red	5
	INSECT/RODENT CONTROL			*	33	-	Sterile instruments properly handled		5
* 13.	Presence/evidence of insects, rodents, ha	rborage— outer	5	*	34	-	Reusable instruments properly handled		5
	openings protected.	DAMAGE DA		$\vdash$	35	$\rightarrow$	Approved dyes or pigments		1
	FLOORS/WALLS/CEILINGS/FU			-	36	-	Tattoo log available	* * * * * * * * * * * * * * * * * * * *	1
14.	Floors—constructed, drained, clean, goo	d repair	1	_	37	•	Instructions provided on care of tattoo/body	piercing	1
15.	Walls—constructed, clean, good repair	ed retains remaid	1			4	ADMINISTRATION		1
16.	Ceilings/attached equipment—constructor repair		1		38	-	Infections reported		0
17.	Work area furnishings—sanitized between		1		39		Current permit/license posted	255000	0
18.	18. Work area furnishings—clean, good repair 1			40		Most current complete inspection report ava	ilable	0	

permit. If a second 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 imspection 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		By	SD .		EHS
Date of Signature	01/09/24	Time in/out	03:25 PM	03:54 PM	

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Establishment Informatio	n
Establishment Name: Bright I	deas Tattoo
Establishment Number: 66	5218135
Observed Violations	
Total # 0	
***See page at the end of this doo	cument for any violations that could not be displayed in this space.
Additional Comments	
Additional Comments	

<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: Bright Ideas Tattoo			
Establishment Number: 665218135			
Observed Violations (cor	nt'd)		
Additional Comments (co			
Source Type: Water	Source: 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





