

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

| ESTABLISHMENT<br>Lighthouse Body Piercing             |               |  |   |                                 |                       |           | 04/05/2022   | SCORE  |                  |
|---|---------------|--|---|---------------------------------|-----------------------|-----------|--|--|------------------|
| LOCATION STAFF 328 North Cumberland Street Paige Bass |               |  |   |                                 | EST. NO.<br>670240114 |           |  | N/A <sub>/100</sub>  |                  |
|   | Y, ST<br>anon |  | TYPE<br>Permanent                                   |                                 |                       |           | URPOSE<br>ollow-Up   |  |                  |
|   | MIT<br>ERPI   | TEE<br>RISES, BAD BLOOD  |   |                                 |                       | 0.00      | OLLOW- UP ( ) YES<br>EQUIRED ( NO  |  |                  |
|   |               | PROHIBITED ACTS  |   |                                 |                       |           | LIGHTING   |  |                  |
|   | 1.            | Minor clients, unhealthy site  |   | 2                               |                       | 19.       | production and the latest and the la |  | 1                |
|   | 2.            | Licensed technician not on duty  |   | 2                               | -                     | 13.       | VENTILATION  |  | 1                |
| _   |               | PHYSICAL FACILITIES  |   | 2                               |                       | 20.       | Sufficient, installed, maintained  | 4  | 1                |
|   | 3.            | Work area separated  |   | 1                               | -                     | 20.       | GENERAL OPERATION  |  | 1                |
|   | 4.            | Autoclave meets minimum time, tem<br>pressure  | perature,   | 5                               |                       | 21.       | Toxic items stored, labeled, use   | 560  | 5                |
|   | 5.            | Regulated waste properly disposed  |   | 2                               |                       |           | Premises maintained free of litt   | ter unnecessary  |                  |
|   |               | WATER  |   | 1                               |                       | 22.       | articles, unauthorized personne  |  | 1                |
| *   | 6.            | Water source approved, hot and cold  | under pressure                                      | 5                               |                       |           | maintenance, equipment proper  |  | 392              |
|   |               | SEWAGE   |   |                                 |                       |           | PIERCING EQUIPMENT   |  |                  |
|   | 7.            | Sewage and liquid waste disposal   |   | 5                               |                       | 23.       | Properly installed, maintained,  |  | 1                |
|   |               | PLUMBING   |   |                                 |                       | 24.       | No reuse of single use articles  |  | 5                |
|   | 8.            | Installed, maintained  |   | 1                               |                       | 25.       | Clean, free of abrasives and cle   | aners  | 1                |
|   | 9.            | Cross-connection, backflow, back-sig   | honage  | 5                               |                       | 26.       | Aisles unobstructed  |  | 1                |
|   |               | TOILET/HANDWASHING FA  | CILITIES  | i in                            | 7                     |           | PIERCING OPERATION   | S  | 72               |
|   | 10.           | Installed, designed, number, convenie  | ent, available                                      | 5                               |                       | 27,       | Good hygienic practices, prope   | r handwashing  | 5                |
|   | 11.           | Enclosed, tight-fitting doors, fixtures<br>tissue, covered receptacles, antibacter<br>disposable towels/hand drying device | rial soap,  | 1.                              |                       | 28.       | Clean clothing, lap cloth used,<br>Employees with infectious lesion<br>restricted from piercing  | The state of the s | 5                |
|   |               | GARBAGE & REFUSE DISPO   | No.   |                                 |                       | 30.       | Weekly microbiological monito  | orino tests  | 5                |
| 12.   |               | Containers clean, adequate number, covered, insect or rodent proof. Outside storage area clean,                            |   | 1                               |                       | 31.       | Needles sterilized in an approve<br>Equipment sterilized for no mo   | ed manner.   | 5                |
|   |               | adequately sized, covered, controlled  |   | 1000                            |                       | 32.       | Work room equipped and resto   |  | 5                |
|   | 75            | INSECT/RODENT CONTROL  |   |                                 |                       | 33.       |  |  |                  |
|   |               | NOT DIRECT BOX OF BUILD  | 10 10   |                                 |                       | 34.       | Reusable instruments properly  |  | 5                |
| *   | 13.           | Presence/evidence of insects, rodents,<br>outer openings protected.  | , harborage—  | 5                               |                       | 35.       | Body piercing log available; De<br>minors  |  | 2                |
| 1011  |               | FLOORS/WALLS/CEILINGS  | S/FURNISHIN   | IGS                             |                       | 36.       | Instructions provided on care o  | f body piercing  | 1                |
|   | 14.           | Floors-constructed, drained, clean,  | good repair   | 1                               |                       |           | ADMINISTRATION   | The second secon |                  |
|   | 15.           | Walls-constructed, clean, good repa  |   | 1                               |                       | 37.       | Infections reported  |  | 0                |
|   | 16.           | Ceilings/attached equipment—constru<br>good repair   |   | 1                               |                       | 38.       | Current permit/license posted  |  | 0                |
|   | 17.           | Work area furnishings—sanitized bet  | ween clients  | 1                               |                       | 39.       | Most current complete inspection   | on report available  | 0                |
|   | 18.           | Work area furnishings-clean, good i  |   | 1                               |                       | 1000      | P  | Anna Anna Anna Anna Anna Anna Anna Anna  |                  |
| Failure<br>more c                                     | to corre      | ect any violations of critical items within seven (7) da<br>iolations are committed within the period of one (1)           | ys or failure to correct<br>year (calendar or other | violations of<br>erwise), the b | uny none<br>ody piere | itical it | ems within fourteen (14) days may result in c<br>blishment permit shall be subject to revocat  | cusation of operation. If three (  | (3) or<br>tuting |

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 consultance 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 discloture 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, 62-38-301 gt. seq., 68-2-608, and 68-2-609.

(\*) Identifies critical items

| Signature of<br>Person in Charge | Central    |             | Paigr Boss |          |      |
|----------------------------------|------------|-------------|------------|----------|------|
| Date of Signature                | 04/05/2022 | Time in/out | 02:03 PM   | 02:15 PM | 2000 |

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

Establishment Information

Establishment Number: 670240114

Establishment Name: Lighthouse Body Piercing



| Observed Violations  |                        |                      |           |
|--|------------------------|----------------------|-----------|
| Total # 0  |                        |                      |           |
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<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  | ation                  |
|------------------------|------------------------|
| Establishment Name: Li | ghthouse Body Piercing |
| Establishment Number : | 670240114              |
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| Observed Violations (  | cont'd)                |
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## 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





