

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

| ESTABLISHMENT Black Dagger Tattoo |               |  |          |                           | DATE<br>08/30/23 |           |  | SCORE                   |   |   |
|-----------------------------------|---------------|--|----------|---------------------------|------------------|-----------|--|-------------------------|---|---|
| LOCATION STAFF                    |               |  |          |                           |                  | EST. NO.  |  |                         |   |   |
|                                   | 0 Ma<br>ite E | Illard Sunrise Dr E John F   | Hewitt   |                           |                  | 665321001 |  | 1                       | 100/100   |   |
|                                   |               | STATE, ZIP TYPE  |          |                           |                  |           | PURPOSE  | 2                       |   |   |
|                                   | C. H L L.     | A STATE OF THE STA | nanent   |                           |                  | F         | Routine  |                         |   |   |
| PE                                | RMI           | FTEE   |          |                           |                  | - 1       | FOLLOW-<br>REQUIRE   |                         |   |   |
|                                   |               | PROHIBITED ACTS  |          |                           |                  |           | LIGHT  | ING                     | <b>-</b>  |   |
|                                   | 1.            | Minor clients, tattoo removal, unhealthy site  |          | 2                         |                  | 19        | . Adequat  | e                       |   | 1 |
|                                   | 2.            | Licensed artist not on duty  |          | 2                         |                  |           | VENTI  | LATION                  |   |   |
|                                   |               | PHYSICAL FACILITIES  |          |                           |                  | 20        | . Sufficier  | nt, installed, maintain | ned   | 1 |
|                                   | 3.            | Work area separated  |          | 1                         |                  |           | GENE   | RAL OPERATIO            | NS  |   |
| *                                 | 4.            | Autoclave meets minimum time, temperature,   | pressure | 5                         | *                | 21        | . Toxic ite  | ems stored, labeled,    | ised  | 5 |
|                                   | 5.            | Regulated waste properly disposed  | 1        | 2                         |                  |           | Premises   | s maintained free of    | litter, unnecessary articles,                     |   |
|                                   |               | WATER  |          |                           |                  | 22        |  |                         | nals, clean, maintenance,                         | 1 |
| *                                 | 6.            | Water source approved, hot and cold under pre-   | essure   | 5                         |                  |           | equipme  | nt properly stored      |   |   |
|                                   |               | SEWAGE   | W/12/2   |                           | 1000             |           | TATTO  | OO EQUIPMENT            | " & UTENSILS                                      |   |
| *                                 | 7.            | Sewage and liquid waste disposal   |          | 5                         |                  | 23        | . Properly   | installed, maintaine    | d, constructed, designed                          | 1 |
|                                   |               | PLUMBING   |          |                           |                  | 24        | . No reuse   | of single use article   | s   | 5 |
|                                   | 8.            | Installed, maintained  |          | 1                         |                  | 25        | . Clean, fi  | ree of abrasives and    | cleaners  | 1 |
| *                                 | 9.            | Cross-connection, backflow, back-siphonage   |          | 5                         |                  | 26        | . Aisles u   | nobstructed             |   | 1 |
|                                   |               | TOILET/HANDWASHING FACILITY  | ES       |                           | Otto             |           | TATTO  | OO OPERATION            | S   |   |
|                                   | 10.           | Installed, designed, number, convenient, availa  | able     | 5                         |                  | 27        | Good hy  | gienic practices, pro   | per handwashing                                   | 5 |
|                                   |               | Enclosed, tight-fitting doors, fixtures clean, toilet tissue, covered receptacles, antibacterial soap, disposable towels/hand drying devices  28. Clean clothing, lap cloth used, spill keep to be the covered receptacles, antibacterial soap, disposable towels/hand drying devices  28. Clean clothing, lap cloth used, spill keep to be the covered receptacles, antibacterial soap, disposable towels/hand drying devices   |          |                           |                  | 28        | Clean clothing, lap cloth used, spill kits available   |                         | d, spill kits available                           | 1 |
|                                   | 11.           |  |          | sions on hands restricted | 5                |           |  |                         |   |   |
|                                   | - 0           | GARBAGE & REFUSE DISPOSAL  |          | 2//3                      | *                | 30        | Monthly  | microbiological mo      | nitoring tests                                    | 5 |
|                                   | 12.           | Containers clean, adequate number, covered, it<br>rodent proof. Outside storage area clean, adeq   |          | 1                         |                  | 31        | Equipme  | ent sterilized for no r | in an approved manner.<br>nore than one (1) year. | 5 |
| _                                 |               | covered, controlled incineration   |          |                           | *                | 32        |  | om equipped and res     |   | 5 |
|                                   |               | INSECT/RODENT CONTROL  |          |                           | *                | 33        |  | struments properly      |   | 5 |
|                                   | 13.           | Presence/evidence of insects, rodents, harbora   | ge-outer | 5                         | *                | 34        | _  | e instruments proper    | y handled   | 5 |
| _                                 | _             | openings protected.  |          |                           | -                | 35        |  | d dyes or pigments      |   | 1 |
|                                   |               | FLOORS/WALLS/CEILINGS/FURNIS   |          |                           | -                | 36        | _  | og available            |   | 1 |
| _                                 | 14.           | Floors—constructed, drained, clean, good repe  | iir      | 1                         | _                | 37        | -  |                         | of tattoo/body piercing                           | 1 |
|                                   | 15.           | Walls—constructed, clean, good repair  |          | 1                         |                  |           | ADMI   | NISTRATION              |   | - |
|                                   | 16.           | Ceilings/attached equipment—constructed, ele<br>repair   |          | 1                         |                  | 38        | -  | ns reported             |   | 0 |
|                                   | 17.           | Work area furnishings—sanitized between clic   | ents     | 1                         |                  | 39        | The State of the S | permit/license poster   | Contract to the second                            | 0 |
|                                   | 18.           | Work area furnishings-clean, good repair   |          | 1                         |                  | 40        | . Most cur   | rrent complete inspe    | ction 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<br>Person in Charge |          | Ву          | gohn H   | 7        | EHS |
|----------------------------------|----------|-------------|----------|----------|-----|
| Date of Signature                | 08/30/23 | Time in/out | 02:30 PM | 03:15 PM |     |

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



|            | shment Information        | 0                           |                         |                     |  |
|------------|---------------------------|-----------------------------|-------------------------|---------------------|--|
| Establishr | ment Name: Black D        | agger Tattoo                |                         |                     |  |
| Establishr | ment Number: 665          | 5321001                     |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            | ed Violations             |                             |                         |                     |  |
| Total #    | 0                         |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
|            |                           |                             |                         |                     |  |
| ****       |                           | and the second state on the |                         | and in this array   |  |
| See pag    | ge at the end of this doc | ument for any violations th | nat could not be displa | ayed in this space. |  |
| Addition   | nal 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: Black Dagger Tattoo |              |  |  |  |
|---|--------------|--|--|--|
| Establishment Number: 665321001         |              |  |  |  |
|   |              |  |  |  |
| 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





