

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

ESTABLISHMENT Black Diamond Tattoo Studio					DATE 07/18/24 SCORI		SCURE			
LOCATION 1511 Memorial Bvrd STAFF Shannon Gannon					EST. NO. 665240255		1.000000	100/100		
		STATE, ZIP esboro TN 37130	TYPE Permanent		PURPOSE Routine					
		TTEE NAN, DEREK					A107	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	-			VENTILATION		
		PHYSICAL FACILITIES				20.	).	Sufficient, installed, maintained	1	
	3.	Work area separated		1				GENERAL OPERATIONS		
	4.	Autoclave meets minimum time, temp	erature, pressure	5	*	21.		Toxic items stored, labeled, used	5	
	5.	Regulated waste properly disposed		2			T	Premises maintained free of litter, unnecessary article	s.	
		WATER		-		22	2	unauthorized personnel, animals, clean, maintenance,	1	
*	6.	Water source approved, hot and cold u	nder pressure	5				equipment properly stored		
		SEWAGE	modella wydy w		11/2/1		- 11	TATTOO EQUIPMENT & UTENSILS		
*	7.	Sewage and liquid waste disposal		5		23.	3.	Properly installed, maintained, constructed, designed	1	
		PLUMBING		- U L'I.		24		No reuse of single use articles	5	
	8.	Installed, maintained		1		25. Clean, free of abrasives and cleaners		Clean, free of abrasives and cleaners	- 1	
*	9.	Cross-connection, backflow, back-siph	ionage	5		26.	j	Aisles unobstructed	1	
	- 0	TOILET/HANDWASHING FACILITIES				TATTOO OPERATIONS				
	10.	Installed, designed, number, convenient, available 5		5	*	27.		Good hygienic practices, proper handwashing		
		Enclosed, tight-fitting doors, fixtures clean, toilet tissue,				28.	3.	Clean clothing, lap cloth used, spill kits available		
covered receptacles, antibacterial soap, disposable towels/hand drying devices			1		29.		Employees with infectious lesions on hands restricted from tattooing			
GARBAGE & REFUSE DISPOSAL			*	30.	),	Monthly microbiological monitoring tests				
	12.			1	* 3			Tubes and needles sterilized in an approved manner. Equipment sterilized for no more than one (1) year.		
_		covered, controlled incineration			*	32	$\rightarrow$	Work room equipped and restocked as required	5	
	-	INSECT/RODENT CONTROL			*	33.	-	Sterile instruments properly handled	5	
	13.	Presence/evidence of insects, rodents,	harborage—outer	5	*	34.	-	Reusable instruments properly handled	5	
_	_	openings protected.			$\vdash$	35.	$\rightarrow$	Approved dyes or pigments	1	
		FLOORS/WALLS/CEILINGS/F			-	36.	-	Tattoo log available	1	
-	14.		poors—constructed, drained, clean, good repair  1 37. Instructions provided on care of tattoo/body pierci			1				
	15.	Walls—constructed, clean, good repair		1			1	ADMINISTRATION	-	
	16.	Ceilings/attached equipment—constru- repair		1		38.	-	Infections reported	0	
	17.	Work area furnishings—sanitized between	200000000000000000000000000000000000000	1		39.		Current permit/license posted	0	
	18.	Work area furnishings—clean, good re	pair	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 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	5/	2	EHS
Date of Signature	07/18/24	Time in/out	02:18 PM	02:48 PM	

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Establishment Informa	ation	
Establishment Name: Bla	ck Diamond Tattoo Studio	
Establishment Number :	665240255	

served Violations			
al# 0			

## Additional Comments

305 Timberlane Drive Franklin, KY 42134

<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 Diamond Tattoo Studio					
Establishment Number: 665240255					
Observed Violations (col	nt'd)				
Additional Comments (c	ont'd)				
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





