



# TATTOO ESTABLISHMENT INSPECTION REPORT

## TENNESSEE DEPARTMENT OF HEALTH

### DIVISION OF ENVIRONMENTAL HEALTH

|                                                 |                             |                                                                                    |                                               |
|-------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>ESTABLISHMENT</b><br>Browology Waxing Studio |                             | <b>DATE</b><br>04/11/24                                                            | <b>SCORE</b><br><br><br><b><u>100</u>/100</b> |
| <b>LOCATION</b><br>1916 8th Avenue South        | <b>STAFF</b><br>Ngan Nguyen | <b>EST. NO.</b><br>665315736                                                       |                                               |
| <b>CITY, STATE, ZIP</b><br>Nashville TN 37203   | <b>TYPE</b><br>Permanent    | <b>PURPOSE</b><br>Routine                                                          |                                               |
| <b>PERMITTEE</b>                                |                             | <b>FOLLOW-UP ( ) YES</b><br><b>REQUIRED <input checked="" type="checkbox"/> NO</b> |                                               |

#### PROHIBITED ACTS

|    |                                               |   |
|----|-----------------------------------------------|---|
| 1. | Minor clients, tattoo removal, unhealthy site | 2 |
| 2. | Licensed artist not on duty                   | 2 |

#### PHYSICAL FACILITIES

|      |                                                     |   |
|------|-----------------------------------------------------|---|
| 3.   | Work area separated                                 | 1 |
| * 4. | Autoclave meets minimum time, temperature, pressure | 5 |
| 5.   | Regulated waste properly disposed                   | 2 |

#### WATER

|      |                                                    |   |
|------|----------------------------------------------------|---|
| * 6. | Water source approved, hot and cold under pressure | 5 |
|------|----------------------------------------------------|---|

#### SEWAGE

|      |                                  |   |
|------|----------------------------------|---|
| * 7. | Sewage and liquid waste disposal | 5 |
|------|----------------------------------|---|

#### PLUMBING

|      |                                            |   |
|------|--------------------------------------------|---|
| 8.   | Installed, maintained                      | 1 |
| * 9. | Cross-connection, backflow, back-siphonage | 5 |

#### TOILET/HANDWASHING FACILITIES

|       |                                                                                                                                              |   |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------|---|
| * 10. | Installed, designed, number, convenient, available                                                                                           | 5 |
| 11.   | Enclosed, tight-fitting doors, fixtures clean, toilet tissue, covered receptacles, antibacterial soap, disposable towels/hand drying devices | 1 |

#### GARBAGE & REFUSE DISPOSAL

|     |                                                                                                                                                    |   |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 12. | Containers clean, adequate number, covered, insect or rodent proof. Outside storage area clean, adequately sized, covered, controlled incineration | 1 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|---|

#### INSECT/RODENT CONTROL

|       |                                                                            |   |
|-------|----------------------------------------------------------------------------|---|
| * 13. | Presence/evidence of insects, rodents, harborage—outer openings protected. | 5 |
|-------|----------------------------------------------------------------------------|---|

#### FLOORS/WALLS/CEILINGS/FURNISHINGS

|     |                                                             |   |
|-----|-------------------------------------------------------------|---|
| 14. | Floors—constructed, drained, clean, good repair             | 1 |
| 15. | Walls—constructed, clean, good repair                       | 1 |
| 16. | Ceilings/attached equipment—constructed, clean, good repair | 1 |
| 17. | Work area furnishings—sanitized between clients             | 1 |
| 18. | Work area furnishings—clean, good repair                    | 1 |

\* Identifies critical items

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.

#### LIGHTING

|     |          |   |
|-----|----------|---|
| 19. | Adequate | 1 |
|-----|----------|---|

#### VENTILATION

|     |                                   |   |
|-----|-----------------------------------|---|
| 20. | Sufficient, installed, maintained | 1 |
|-----|-----------------------------------|---|

#### GENERAL OPERATIONS

|       |                                                                                                                                          |   |
|-------|------------------------------------------------------------------------------------------------------------------------------------------|---|
| * 21. | Toxic items stored, labeled, used                                                                                                        | 5 |
| 22.   | Premises maintained free of litter, unnecessary articles, unauthorized personnel, animals, clean, maintenance, equipment properly stored | 1 |

#### TATTOO EQUIPMENT & UTENSILS

|       |                                                       |   |
|-------|-------------------------------------------------------|---|
| 23.   | Properly installed, maintained, constructed, designed | 1 |
| * 24. | No reuse of single use articles                       | 5 |
| 25.   | Clean, free of abrasives and cleaners                 | 1 |
| 26.   | Aisles unobstructed                                   | 1 |

#### TATTOO OPERATIONS

|       |                                                                                                         |   |
|-------|---------------------------------------------------------------------------------------------------------|---|
| * 27. | Good hygienic practices, proper handwashing                                                             | 5 |
| 28.   | Clean clothing, lap cloth used, spill kits available                                                    | 1 |
| * 29. | Employees with infectious lesions on hands restricted from tattooing                                    | 5 |
| * 30. | Monthly microbiological monitoring tests                                                                | 5 |
| * 31. | Tubes and needles sterilized in an approved manner. Equipment sterilized for no more than one (1) year. | 5 |
| * 32. | Work room equipped and restocked as required                                                            | 5 |
| * 33. | Sterile instruments properly handled                                                                    | 5 |
| * 34. | Reusable instruments properly handled                                                                   | 5 |
| 35.   | Approved dyes or pigments                                                                               | 1 |
| 36.   | Tattoo log available                                                                                    | 1 |
| 37.   | Instructions provided on care of tattoo/body piercing                                                   | 1 |

#### ADMINISTRATION

|     |                                                   |   |
|-----|---------------------------------------------------|---|
| 38. | Infections reported                               | 0 |
| 39. | Current permit/license posted                     | 0 |
| 40. | Most current complete inspection report available | 0 |

Signature of  
Person in Charge

Date of Signature

04/11/24

By

EHS

Time in/out

12:05 PM

12:15 PM

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TENNESSEE DEPARTMENT OF HEALTH  
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***Establishment Information***

Establishment Name: Browology Waxing Studio

Establishment Number : 665315736

***Observed Violations***

Total # 0

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

***Additional Comments***

Megan Eggers 252726

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

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**Observed Violations (cont'd)****Additional Comments (cont'd)**

**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**



For more information, call your local health department  
<https://www.tn.gov/health/health-program-areas/localdepartments.html>



Tennessee Department of Health  
Authorization No. 325408  
February 2023

TN Department of  
Health

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