

BOARD OF HEALTH  
TATTOO PARLORS

License # \_\_\_\_\_

Date 8/24/21

NAME OF TATTOO PARLOR: Historic Custom Tattoos

ADDRESS: 700 Somerset St. Phone # 908 756 5900

OWNER'S NAME: Sam Hambrick

ADDRESS: 700 Somerset St. Watch Home Phone # 343 957 1650

A. AUTOCLAVE

YES:  NO: \_\_\_\_\_

# OF AUTOCLAVES: 1

TEMPERATURE: Sporostat one

TIME: month

LAB REPORT PRESENT FOR THE TESTING OF AUTOCLAVE (OR OTHER APPROVED METHOD OF TESTING EQUIPMENT)

YES:  8/22/21 NO: \_\_\_\_\_

B. DYES

FDA APPROVED? LEGAL

YES: \_\_\_\_\_ NO:

NAMES OF DYES:

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

MIXTURE WITH: LISTERINE \_\_\_\_\_ ALCOHOL \_\_\_\_\_ BOILED WATER: \_\_\_\_\_

LEFTOVERS, THROW AWAY

YES: \_\_\_\_\_ NO: \_\_\_\_\_

CUPS:

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

C. PREMISES CLEAN?

YES:  NO: \_\_\_\_\_

D. NEEDLES

TYPE:

Disposable

NUMBER OF NEEDLES:

100 liners / filler

METHOD OF STERILIZATION:

dispose in  
medical waste container

TIMER - TYPE:

E. SANITATION METHOD FOR AREA TATTOOED UPON COMPLETION: Mutaricid -  
chemical

NO CHILD UNDER 18 TATTOOED WITHOUT SIGNED PARENTAL CONSENT

YES:  NO:

CONSENT FORM AVAILABLE

YES:  NO:

F. RECORDS

KEPT ONE YEAR?

YES:  NO:

INCLUDES:

DATE OF TATTOOING

YES:  NO:

NAME OF PERSON TATTOOED

YES:  NO:

ADDRESS

YES:  NO:

AGE

YES:  NO:

SEX

YES:  NO:

G. SITE OF TATTOO

DESCRIPTION:

legs, arms

PRIVACY AREA FOR PERSONAL AREA TO BE TATTOOED

YES:  NO:

H. DYES

SOURCE:

Solid ink

TYPE:

permanent

MANUFACTURER:

Solid ink

LABELED:

\_\_\_\_\_

I. OPERATION BASIS

APPOINTMENT:

by appointment only

SCHEDULED HOURS:

by appointment

J. HAVE ALL TATTOO ARTISTS WORKING FROM THIS ESTABLISHMENT BEEN VACCINATED FOR HEPATITIS B?

YES:  NO:

IF FOR SOME MEDICAL REASON THEY HAVE NOT BEEN VACCINATED, DO THEY HAVE A LETTER FROM THEIR PHYSICIAN CERTIFYING THEY DO NOT HAVE HEPATITIS B?

N/A All employees are vaccinated

YES:  NO:

K. ARE THE BATHROOMS CLEAN?

YES:  NO:

L. ARE THE CHAIR AND TABLES MADE OF NON-ABSORBANT MATERIAL?

YES:

NO:

M. IS A SANITIZING SOLUTION PROVIDED TO CLEAN TABLES AND CHAIRS?

YES:

NO:

N. ARE WALLS SMOOTH AND EASILY CLEANABLE?

YES:

NO:

O. HAVE EMPLOYEES ATTENDED A BLOOD-BORNE PATHOGEN TRAINING PROGRAM?

YES:

NO:

P. IS MEDICAL WASTE DISPOSED OF IN AN APPROVED MANNER?

YES:

NO:

- Sterile Cycle  
pick ups

INSPECTED BY:

*Roby Ly*

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