

BOARD OF HEALTH
TATTOO PARLORS

License # _____

Date 2/28/22

NAME OF TATTOO PARLOR: Vanitas Beauty (Amber Youngmans)

ADDRESS: 1593 US Hwy 22 Suite 112 Phone # _____
Watch

OWNER'S NAME: Amber Youngmans

ADDRESS: 128 Thomas Dr. Clark NJ Home Phone # 954-304-6721
908-605-6975

A. AUTOCLAVE YES: _____ NO:

OF AUTOCLAVES: _____

TEMPERATURE: _____

TIME: _____

LAB REPORT PRESENT FOR THE TESTING OF AUTOCLAVE (OR OTHER APPROVED METHOD OF TESTING EQUIPMENT) YES: _____ NO: _____

B. DYES FDA APPROVED? LEGAL YES: NO: _____

NAMES OF DYES: Perma Blend Pigments

MIXTURE WITH: LISTERINE _____ ALCOHOL _____ BOILED WATER: _____

LEFTOVERS, THROW AWAY YES: NO: _____

CUPS: _____

C. PREMISES CLEAN? YES: _____ NO: _____

D. NEEDLES TYPE: Disposable
NUMBER OF NEEDLES: 20

METHOD OF STERILIZATION: _____

TIMER - TYPE: _____

E. SANITATION METHOD FOR AREA TATTOOED UPON COMPLETION:

~~Alcohol~~ Alcohol

NO CHILD UNDER 18 TATTOOED WITHOUT SIGNED PARENTAL CONSENT

YES: _____ NO: _____

CONSENT FORM AVAILABLE

YES: NO: _____

F. RECORDS

KEPT ONE YEAR?

YES: _____ NO: _____
one opening

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:

PRIVACY AREA FOR PERSONAL AREA TO BE TATTOOED

YES: _____ NO: _____

H. DYES

SOURCE:

TYPE:

MANUFACTURER:

LABELED:

I. OPERATION BASIS

APPOINTMENT:

SCHEDULED HOURS:

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?

YES: _____ NO: _____

K. ARE THE BATHROOMS CLEAN?

YES: _____ NO: _____

- L. ARE THE CHAIR AND TABLES MADE OF NON-ABSORBANT MATERIAL?
- M. IS A SANITIZING SOLUTION PROVIDED TO CLEAN TABLES AND CHAIRS?
- N. ARE WALLS SMOOTH AND EASILY CLEANABLE?
- O. HAVE EMPLOYEES ATTENDED A BLOOD-BORNE PATHOGEN TRAINING PROGRAM?
- P. IS MEDICAL WASTE DISPOSED OF IN AN APPROVED MANNER?

YES: NO:

YES: NO:

YES: NO:

YES: NO:

YES: NO:

INSPECTED BY:

Robye

Satisfactor

Middle Brook Regional Health Commission
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