



Received by (signature):

Received by (name and title printed): <b>Jose M Mosqueda-Lopez</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed):		Inspected by (name and title printed): <b>David Horning</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

**State Form 22116 (R7 /12-04)**  
**SDH Form 51-0001**

Received by (name and title printed): <b>Yao Chen</b>		Inspected by (name and title printed): <b>Ricardo Zacarias</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Mary Miles</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Chase Oswald</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Received by (name and title printed): <b>Tyler Francis</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Ivy Chen</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Stephanie Hay</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	





Received by (name and title printed): <b>Linda Book</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>leanne happe</b>		Inspected by (name and title printed): <b>Ricardo Zacarias</b>	
Received by (signature):		Inspected by (signature):	
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## Tattoo, Piercing & Permanent Make-Up Inspection Report

Vanderburgh County Health Department  
Phone (812) 435-5695

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 1-5, Sanitary Operations of Tattoo Parlors, 5.45 City & 5.06 County Tattoo Parlors and Body Piercing Facilities Ordinance. The time limit for correction of each violation is specified in the narrative portion of this report.

<b>Establishment Name</b> Microblading by Ashley Hardy				<b>Establishment Phone</b>		<b>Inspection Date:</b> 04/06/2017		<b>ID#</b>			
<b>Establishment Address (Number &amp; Street, City, State, Zip)</b>				<b>Purpose:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre Operational <input type="checkbox"/> Temporary <input type="checkbox"/> Other  		<b>Follow-up:</b> Yes					
<b>Establishment Email Address</b>						<b>Violation Summary:</b> NC___ R___					
<b>Manager Name</b>						<b>Operation Type:</b> <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Permanent Make-up <input type="checkbox"/> Tattoo & Piercing <input type="checkbox"/> Tattoo, Piercing & Perm. Make-up					
<b>Manager Email Address</b>											
<b>-VIOLATION(S) ARE IDENTIFIED IN THE FOLLOWING COLUMNS: "NC" NOT COMPLIANT "C" COMPLIANT "NO" NOT OBSERVED</b> <b>-VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</b>											
<b>Section</b>			<b>C</b>	<b>NC</b>	<b>NO</b>	<b>Section</b>			<b>C</b>	<b>NC</b>	<b>NO</b>
Work area isolated (5.45.06/25; 5.6.25)						Sharps containers and infectious waste bags (1.5.37)					
Surfaces; intact, smooth, cleanable (1.5.36)						Waste storage-locked/symbol (1.5.37)					
Surfaces disinfected as required (1.5.36)						Waste transport/disposal (1.5.38)					
Proper lighting (5.45.06)						Single use razor & stencils (1.5.32)					
Proper ventilation (5.45.26)						Single use needles (1.5.33)					
Restrooms Clean & Available (5.06.25; 5.45.06)						Reusable equip. autoclaved in separate area (5.45.26; 5.6.17)					
Handwashing facilities (1.5.30; 5.45.06; 5.6.16)						Single Use Packaging used (1.5.34)					
Eating, drinking, smoking prohibited (1.5.36)						Autoclave Spore Log & maintenance records (5.45.26; 5.6.17)					
BPP/Infectious Waste Handling Training Records (1.5.24/27)						Required Disinfectant used and labeled (1.5.36; 5.6.25)					
Artist & Operator Hepatitis B Records (5.06.24; 5.45.25)						Jewelry quality/sterilized (5.45.26; 5.6.25)					
Establishment & Artist License displayed (5.06.24; 5.45.30)						Personal Protective equipment provided (1.5.25)					
Operator Written Policies (1.5.26)						Personal Protective equipment used (1.5.31)					
Patron's rights displayed (1.5.25)						Handwashing (1.5.30)					
Consent/ Minor Consent/Records (5.45.04/05/06; 5.6.11)						Conditions/illness/impairment (1.5.29)					
Patron's records – keep 2 years (1.5.28/5.6.10)						Tattoo/piercing site prep (5.45.15)					
Written & verbal aftercare instructions given to patrons (5.45.22; 5.6.22/25)						Clean dressing applied (5.45.06)					
						Clean Protective Clothing (5.6.14/24; 5.45.25)					
<b>Section#</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>						<b>To Be Corrected By</b>		
			Facility inspection passed. Hepatitis B vaccination or signed refusal needed. P;								
			and license will need displayed. Stericycle to be used for waste disposal.								
<b>Received by (name and title printed):</b> Ashley Hardy						<b>Inspected by (name and title printed):</b> David Horning					
<b>Received by (signature):</b>						<b>Inspected by (signature):</b>					
<b>CC:</b>			<b>CC:</b>			<b>CC:</b>					



Establishment Name <b>St Agnes School</b>		Telephone Number <b>(812) 242-3911</b>		Date of Inspection (mm/dd/yr) <b>04/04/2017</b>		ID # <b>11333</b>	
Establishment Address (number and street, city, state, zip code) <b>1600 Glendale Ave, EVANSVILLE, IN, 47712</b>		( ) Owner					
Owner <b>ST AGNES SCHOOL</b>		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up <b>No</b>		Release Date <b>04/14/2017</b>	
Owner's Address		<input type="checkbox"/> Follow-up		Summary of Violations:  C <u>0</u> NC <u>0</u> R <u>0</u>			
		<input type="checkbox"/> Complaint					
Person in Charge <b>ST AGNES SCHOOL</b>		<input type="checkbox"/> Pre-Operational		Menu Type (See additional page)  1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Responsible Person's E-mail		<input type="checkbox"/> Temporary					
Certified Food Handler <b>Mary Jo Townsend</b>		<input type="checkbox"/> HACCP					
		<input type="checkbox"/> Other (list) _____					

[illegible]

Received by (name and title printed): <b>Mary Jo Townsend</b>		Inspected by (name and title printed): <b>Ricardo Zacarias</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Tiffany Martinez</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Cathy Mayo</b>		Inspected by (name and title printed): <b>Ricardo Zacarias</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Trey Schenck</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Tonya Schenk</b>		Inspected by (name and title printed): <b>Ricardo Zacarias</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Marlon Moore</b>		Inspected by (name and title printed): <b>David Horning</b>	
Received by (signature):		Inspected by (signature):	
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Received by (name and title printed): <b>Angela Skelton</b>		Inspected by (name and title printed): <b>Kelly Holzmeyer</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Debbie Bushrod</b>		Inspected by (name and title printed): <b>David Horning</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	



Pool Name		Telephone Number	Date of Inspection (mm/dd/yy)
Establishment Address (number and street, city, state, zip code) 19600 Elpers Rd, Evansville, IN, 47725		Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-operational <input type="checkbox"/> Closure	Reason for closure: <input type="checkbox"/> Disinfectant <input type="checkbox"/> Equipment <input type="checkbox"/> Fecal <input type="checkbox"/> Cyanuric acid <input type="checkbox"/> Hand feeding <input type="checkbox"/> VGBA <input type="checkbox"/> Spa temperature <input type="checkbox"/> Cloudy <input type="checkbox"/> Other: <input type="checkbox"/> pH _____
Responsible Person's E-mail			
Pool Volume (gallons)	Follow-up		

☐ Indoor    ☐ Outdoor    ☐ Wading Pool    ☐ Spa

**Water Chemistry as Tested**

Main Pool	Wading Pool	Spa
Cl/Br _____ ppm	Cl/Br _____ ppm	Cl/Br _____ ppm
pH _____	pH _____	pH _____
TA _____ ppm	TA _____ ppm	TA _____ ppm
CYA _____ ppm	CYA _____ ppm	Spa _____ °F

VF: Violation found    NV: No violation    C: Corrected onsite    NA: Not applicable    NO: Not observed  
VF    NV    C    NA    NO

**1. WATER QUALITY**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <input type="checkbox"/> Residual disinfectant levels below minimum required               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <input type="checkbox"/> Residual disinfectant levels above maximum allowed                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <input type="checkbox"/> pH outside acceptable range of 7.2-7.8                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <input type="checkbox"/> pH outside allowable range of 6.8-8.0                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <input type="checkbox"/> Alkalinity outside acceptable range of 80-120 ppm                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. <input type="checkbox"/> Cyanuric acid (stabilizer) level exceeds maximum allowed (60 ppm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. <input type="checkbox"/> Spa water temperature exceeds maximum allowed (104°F)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. <input type="checkbox"/> Pool open within 1 hour after manual addition of chemicals        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2. DISINFECTION, CIRCULATION AND FILTRATION**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <input type="checkbox"/> Disinfection is not continuous and automatic ( <i>see comments section</i> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <input type="checkbox"/> Main drain and/or pool bottom is not visible from pool deck                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <input type="checkbox"/> Pump, filter or disinfectant feeder not operational or malfunctioning        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <input type="checkbox"/> Water level does not allow for adequate skimming effect                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <input type="checkbox"/> Flow meter missing or not operational  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. <input type="checkbox"/> Skimmer weir(s) or basket(s) missing or damaged                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. <input type="checkbox"/> Broken, missing or inadequate main drain grate(s)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. <input type="checkbox"/> Required anti-entrapment devices missing or not operational                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. TESTING AND RECORD KEEPING**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <input type="checkbox"/> Missing or unapproved test kit                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <input type="checkbox"/> Pool or spa is not being tested as required         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <input type="checkbox"/> Log book not maintained and/or available for review | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**4. POOL AND CHEMICAL SAFETY**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <input type="checkbox"/> Qualified lifeguard not on duty at pool side when required   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <input type="checkbox"/> Lifeguard performing other duties while on surveillance duty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <input type="checkbox"/> Missing or inadequate flotation device                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <input type="checkbox"/> Missing or inadequate reach pole                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <input type="checkbox"/> Missing or inadequate spine board with head immobilizer      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. <input type="checkbox"/> Missing or inadequate first aid kit                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. <input type="checkbox"/> Missing emergency phone                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. <input type="checkbox"/> No buoyed safety line where pool exceeds 5 feet in depth     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. <input type="checkbox"/> Improperly stored chemicals                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**SDH Form 51-0001**

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Received by (name and title printed): <b>Bradney L. Luckhart</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	

Received by (name and title printed): <b>Kelly Mabrey</b>		Inspected by (name and title printed): <b>Colin Ward</b>	
Received by (signature):		Inspected by (signature):	
cc:	cc:	cc:	