

**SUVA CITY COUNCIL**  
Health Services Department

**H**



**INSPECTION REPORT FOR TATTOO SHOP.**

**PREMISES KNOWN AS:** .....

**NATURE OF BUSINESS:** .....

**LOCATION:** .....

**LICENCEE:** .....

<b>A.</b>	<b><u>WORKING ROOM/ AREA.</u></b>	<b><u>CONDITIONS IN BRIEF</u></b>
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Hand washing facilities	
	<ul style="list-style-type: none"> <li>• Cold &amp; Hot Water</li> <li>• Towels supply</li> <li>• wash hand basin/ hand towels</li> </ul>	
6.	Disinfectant used <ul style="list-style-type: none"> <li>• method used for sterilizing sharps</li> <li>• use of disposable needles</li> </ul>	
7.	Shelves, Racks, Counter	
8.	Equipments used	
9.	Water supply	
10.	Personal Hygiene of workers	
11.	Use of aprons/ protective clothing	
12.	Insects / Vermin	
13.	Furniture/ fixtures/ fittings	
14.	Receptacles	
	<ul style="list-style-type: none"> <li>• soiled cloth</li> <li>• sharps</li> <li>•</li> <li>•</li> </ul>	
<b>B.</b>	<b><u>WAITING ROOM/ LOUNGE [if any]</u></b>	
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Furniture	
6.	Insects/Vermin	
<b>C.</b>	<b><u>PREPARATION ROOM [if any]</u></b>	

1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
<b>D.</b>	<b><u>TOILETS</u></b> [Male and Female]	<b><u>CONDITIONS IN BRIEF</u></b>
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Pan, Seat, Urinal	
6.	Flushing Apparatus	
7.	Wash Hand Basins	
8.	Soap	
9.	Hand driers/ hand towels	
10.	Provision of toilet papers	
<b>G.</b>	<b><u>STORAGE ROOM [if any]</u></b>	
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Hairdressing Chemicals	
<b>H.</b>	<b><u>GENERAL</u></b>	
1.	Rubbish Bins	
2.	General House - keeping	
3.	External surrounding.	
4.	Commercial refuse disposal	
5.	Drainage	
6.	Valid Health Permit/Licence displayed	
7.	Details of:	
	• apparatus or equipment used	
	• chemicals used for tattoo	
	• other substance used for tattoo	
INSPECTED BY: _____ (Print Name)		.....
SIGNATURE: _____		..... Company representative & signature
DATE OF INSPECTION: _____		

DESCRIPTION OF PREMISES: .....

NATURE & EXTENT OF BUSINESS: .....