

**MDHHS-6270, BODY ART FACILITY INSPECTION REPORT**  
Michigan Department of Health and Human Services (MDHHS)

License Number <b>BA-02413</b>	Facility Name <b>The Shop (In Fowlerville)</b>	Operator <b>Darl W Papple Jr</b>
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Procedure     Tattoo             Piercing             Permanent Makeup             Branding

Inspection Type  
 Renewal     Initial     Follow-up     Temporary     Complaint     Other \_\_\_\_\_

An X in the Yes/No/NA column denotes compliance status. The Rule numbers or Act sections are in the brackets.

Yes	No	N/A	Facility Standards	Yes	No	N/A	Technician and Client; Procedures
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Appropriate hand washing sink(s) [19] [20]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Medical grade glove usage [1] [9]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Sufficient lighting; [19] [20]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Single-use, disposable items properly maintained and used [13] [16] [17]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Well ventilated, screens in good repair [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Instruments in sterile package [13] [16]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Facility has self-closing doors [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Skin prepared pre-procedure [13]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Surfaces clean; good repair [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. No cross-contamination [13]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Lavatory with hand sink, toilet, covered waste receptacle [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Not under the influence [9] [13] [12]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Waste containers covered/clean [9] [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Personal hygiene/handwashing [9] [16]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. All containers properly labeled [13] [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Appropriate topical anesthetics documentation [9] [13]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Water supply; sewage disposal [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Needle cartridge backflow device [13]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. No animals or pests; no live plants in procedure or reprocessing areas [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Ink bottles stored/used/labeled [13]

Yes	No	N/A	Cleaning and Sterilization	Yes	No	N/A	Records and Public Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Separate room for reprocessing [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Current license posted [5] [6] [20]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Proper reprocessing [16]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. BBP; exposure control plan [8] [13] [107]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Ultrasonic covered; use [16]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Appropriate documentation for procedures on clients under 18 [10]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Approved autoclave; use [16]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Verbal and written aftercare [1] [10]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Autoclave log; class 5 indicators; weekly spore testing [16] [17]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Technician records; HBV status [13] [107]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Sterilization of new instruments/jewelry; location [16] [19]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Client records meet minimum standards; consent signed [9] [10] [12] [13] [13] [107]
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Jewelry: sterile, implant grade, internally threaded, material certificates [14]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Disclosure statement; notice [10] [20]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Rotary pen covered, cleaned and disinfected or sterilized [13]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Records confidential and secure [12]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Clean/disinfect procedure area [15]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Supply inventory available [12] [13] [107]
							39. Medical waste registration #: <b>MW005434</b> Exp. <u>10-31-2027</u> [18]

Comments  
**No violations at time of inspection.**

Received by <b>Dawn Papple</b>	Inspected by <b>Amy Aumock</b>	Date <b>3/26/2026</b>
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**AUTHORITY:** P.A. 375 of 2010