



Tattoo and Piercing Parlor Inspection Supplemental Worksheet

Name of Insured: _____

Address: _____

Inspection Contact: _____

Title: _____

Phone Number: _____

Policy Number: _____

- 1. Is there a steam autoclave? Yes No
- 2. Is spore testing completed at least monthly? Yes No
- 3. Are after care instructions provided? Yes No
- 4. Are waiver and consent forms required and retained? Yes No
- 5. Is the premises clean Yes No
- 6. Number of tattoo artists: _____
- 7. Number of piercing artists: _____

Provide complete details of all **NO** responses: _____
