



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: _____
