

Public Health Unit Infection Prevention and Control Lapse Report

Premise/Facility Under Investigation
Boston's Tattoos

Address

Unit number 5	Street number 160	Street name Waterloo Street
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City/Town London	Province ON	Postal code N6B 2M8
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Type of Premises/Facility
private dwelling

Date Board of Health became aware of Potential IPAC Lapse (yyyy/mm/dd) 2015/11/25	Date of Initial Report Posting (yyyy/mm/dd) 2016/03/30
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Date of Initial Report Update(s) (if applicable) (yyyy/mm/dd)	How the Potential IPAC Lapse was Identified Other
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Summary Description of the IPAC Lapse
At-home tattoo operator found to be operating without a licence, infection control standards not met

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes, was the issue referred to the regulatory college?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Were any corrective measures recommended and/or implemented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recommendations made - not implemented - ordered Cease & Desist Section Order 13

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)
2015/11/27

Any Additional Comments: (Please do not include any personal information or personal health information)

Media Release issued on December 8, 2015

If you have any further questions, please contact

Last Name Squire-Smith	First Name Tristan	Middle Initial
Title Program Manager	Telephone Number 519 663-5317 ext. 2358	Email Address tristan.squire-smith@mlhu.on.ca

Date of Final Report Posting (yyyy/mm/dd) 2016/03/30	Date of Final Report Update(s) (if applicable) (yyyy/mm/dd)
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Date all corrective measures were confirmed (yyyy/mm/dd)
2015/11/30

Brief description of corrective measures taken
1. Ensured all tattooing activities ceased
2. Names of clients provided to MLHU

Any Additional Comments: (Please do not include any personal information or personal health information)

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