



## Body Art Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name TWISTED SKULL STUDIOS	Facility Type Tattoo Establishment (BTP)
Facility ID # ASTS-8KFPXE	Facility Telephone # 608 785-8200
Facility Address 206 4TH ST S LA CROSSE, WI 54601	
Licensee Name TWISTED SKULL TATTOO AND FINE ARTS LLC	Licensee Address ,

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date March 23, 2016	Total Time Spent

<b>Certified Tattooist</b>		
Name MICHAEL C MARTY MELISSA L HOCH JAKE PHILLIPS	Certificate # DOGD-9W4B3Z DOGD-9W4E3V DOGD-9W4BT9	Certificate Expiration

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Observed Violations</b>
<b>Total # 0</b>

<b>Comments</b>
<ol style="list-style-type: none"> <li>1. All disposable equipment used - no autoclave.</li> <li>2. Cavicide, green soap, alcohol used</li> <li>3. Reviewed patron release &amp; aftercare.</li> </ol>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

A handwritten signature in black ink, appearing to be "Mary Ann".A handwritten signature in black ink, appearing to be "Nicole Frankfourth".

Nicole Frankfourth  
(608) 785-9731