

I am applying to use pre-sterilized needles, tubes, and similar instruments for the purposes of tattooing.

Facility Name: _____

I have enclosed the following documentation:

Documentation showing that the needles or similar instruments were packaged at facility approved for sterile manufacturing by the FDA.

OR

A spore test or other biological monitoring test for each lot of pre-sterilized needles or similar instruments.

Signature: _____ Date: _____

Please mail to: **Madison Shuret**
mshuret@marionpublichealth.org
740-692-9116
Marion Public Health
181 S Main St
Marion, OH 43302

Due to the prevalence and expressed demand for the use of pre-sterilized tattoo equipment, it is necessary for Marion Public health to clarify the requirements regarding sterilization.

In adherence to the Body Art Rules in the O.A.C. 3701-9 that went into effect September 1, 2014, the rules specifically cited in 3701-9-08 for *Sterilization and disinfection procedures for body art services* for non-disposable instruments or equipment apply and will be enforced (see copy of rules in packet).

The new rules also permit alternate sterilizing procedures, in which pre-sterilized equipment falls into this category.

If an operator wishes to use needles or similar instruments that they themselves have not sterilized (purchased pre-sterilized), the following documentation is required:

- 1) Documentation showing that the needles or similar instruments were packaged at a facility approved for sterile manufacturing by the FDA;

Or

- 2) A spore test or other biological monitoring test for each lot of pre-sterilized needles or similar instruments.
- 3)

If you have any questions about this clarification please contact **Madison Shuret** at (740) 926-9116.



Madison Shuret
 P: (740)-692-9116
 F: (740) 383-2546

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PUBLIC HEALTH 181 S. Main St., Marion, OH 43302 | (740) 387-6520 | www.marionpublichealth.org

DATE: _____

**STATEMENTS ATTESTING TO THE TRAINING OF A PERSON EMPLOYED TO DO
 BODY ART (TATTOO/BODY PIERCING/PERMANET COSMETICS)**

Business Name: _____ Phone: _____

Address: _____

Employee Name: _____ Tattoo Body Piercing Permanent Cosmetics

Certificate of Training: 1. _____

2. _____

3. _____

Apprenticeships: 1. _____

2. _____

3. _____

Years of Experience: _____

REQUIRED HEALTH & SAFETY TRAINING:

First Aid: _____

Date(s) of Training

Training Agency

Blood Borne Pathogens: _____

Date(s) of Training

Training Agency

Employee: _____ Operator: _____

Signature

Date

Signature

Date



MARION

Healthy People, Healthy Places

PUBLIC HEALTH

181 S. Main St., Marion, OH 43302 | (740) 387-6520 | www.marionpublichealth.org

FACILITY LAYOUT AND EQUIPMENT SPECIFICATION PLAN REVIEW APPLICATION FOR A TATTOO AND/OR BODY PIERCING FACILITY

Date: _____ Fee: _____ Receipt Number: _____

Please Note: This application must be fully completed, with all question answered and submitted with 2 sets of plans, complete equipment schedule with make and model numbers, and schedule requested herein along with any necessary plan review and/or application fee paid before this review will be initiated.

New: _____ Remodel: _____

Tattoo: _____ Body Piercing: _____

Tattoo & Body Piercing: _____

Name of Establishment: _____

Address of Establishment: _____ City: _____ State: _____ Zip: _____

Phone of Establishment: (____) _____ Fax: _____ Email: _____

Owner(s): _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Phone of Owner: (____) _____ Fax: _____ Email: _____

Applicant's Name: _____

Applicant Address: _____ City: _____ State: _____ Zip: _____

Phone of Applicant: (____) _____ Fax: _____ Email: _____

Other Agencies Plans Submitted

- | | |
|---|---|
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Department of Commerce |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Ohio EPA | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> City/Village Codes/Permits | |

The following items will need to be submitted with the completed application:

- Equipment list
- Manufacturer Specification sheets for each piece of equipment shown on the plan
- Site plan (minimum 11"x14") showing location of business in building; location of building on site including alleys, streets, and location of any outside equipment (e.g. dumpster, well septic system).
- 2 sets of floor plans (minimum 11"X14") drawn to scale (minimum ¼ inch=1 foot) of the facility showing location of all equipment, plumbing, electrical services mechanical ventilation, and lighting schedule. Designate clearly location and type of sterilization. Each tattoo/body piercing area must have adequate hand washing stations. Include room dimensions.
- Entrance and Exit plan.
- Finish schedule for each room.
- Plumbing plan including location of all types of plumbing fixtures, including all water supply facilities.
- Lighting plan
- Procedures to ensure all employees have received appropriate training in tattooing or body piercing.
- Procedures that all employees performing service have had training in first aid.
- Procedures that all employees performing service have had training in CPR.
- Procedures that all employees performing service have had training in safety and sanitation requirements for preventing transmission of infectious diseases.
- Procedures that all employees performing service have had training in universal precautions against bloodborne pathogens.
- Procedures that all employees performing service have had training in appropriate tattoo and piercing after care.
- Procedure for disinfection and sterilization of all non-disposable equipment or part of equipment used in the performing service in accordance with rule 3701-09-08 OAC.
- Procedure to ensure weekly biological monitoring tests of the business's heat sterilization devices, to ensure the devices thoroughly kill microorganisms including maintenance log of all tests performed, the date of each test and the name of the person or independent testing entity performing the test and procedures for remedial action in the event a heat sterilization device is not functioning properly.
- Procedure to ensure general health and safety of all individuals employed by the business.
- Log form for tattoos including name of individual receiving service, address, date, dye colors, manufacturer, and any available lot number or other identifier of each pigment used.
- Log form for piercing including name of individual receiving service, address, date, jewelry used, size material, manufacturer, placement location.
- Parental consent form for minors.
- Any previous current or similar approvals to operate.
- Applicable fee.

It is the responsibility of the owner to maintain records of procedures and employee training within the establishment.

- 1.) Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
- 2.) Staff names and operations approved to perform: _____

- 3.) Total square feet of facility: _____
- 4.) Total square feet of each room dedicated to tattooing or piercing: _____

- 5.) Location of dressing room, locker areas, employee rest areas, and/or coat rack: _____

- 6.) Where will clean supplies be stored? _____

- 7.) Where will used/dirty supplies be stored? _____

- 8.) Where is the mop sink located? Are adequate facilities available at this location to hang all mops for drying purposes? _____

- 9.) Will waste be stored outside? If so where? Describe the areas surface characteristics. _____

- 10.) Who will be picking up the garbage? _____
- 11.) How often will the waste be picked up? _____
- 12.) How many pounds of Infectious Waste will be generated? _____
- 13.) Who will pick up the Infectious Waste? _____

14.) Is the water supply public () or private ()?

If private, has the source been approved? YES () NO () PENDING ()
Please attach a copy of written approval and/or permit

15.) Is hot and cold water available at all sinks? YES () NO ()

16.) Is there a water treatment device? YES () NO ()
If yes how will the device be inspected & serviced? _____

17.) How are backflow prevention devices inspected and serviced? _____

18.) Is there a hand washing sink in each service area? YES () NO ()

19.) Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?
YES () NO ()

20.) Is hand cleanser available at all hand washing sinks? YES () NO ()

21.) Are hand drying facilities available at all hand washing sink? YES () NO ()

22.) Are covered waste receptacles available in every restroom and every service room? YES () NO ()

23.) Are all toilet room doors self-closing? YES () NO ()

24.) Are all toilet rooms equipped with adequate ventilation? YES () NO ()

25.) Are hand washing signs posted at all restroom? YES () NO ()

FINISH SCHEDULE

	Floor	Coving	Walls	Ceiling
Lounge				
Tattoo Rooms				
Piercing Rooms				
Other Storage				
Toilet Rooms				



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Dressing Rooms				
Garbage and Refuse Rooms				
Mop Service Basin Area				

This application is complete and if the plans and specification are approved, I will construct this facility in full compliance with these plans and will comply with the rules and regulations regarding tattooing and or body piercing (Ohio Administrative Code 3701-9 and Ohio Revised Code 3730.01 to 3730.11).

Signature of Owner

Printed Name of Owner

Signature of Applicant (if different from above)

Printed name of applicant

OFFICE USE ONLY

Date Received _____ Receipt Number _____ Fee _____

Permit Number _____ Sanitarian _____



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DATE:

According to OAC 3701-9-09, the Board of Health may suspend approval of a business offering body art services if there is an immediate danger to the public health.

Your business, operating as _____ and operated by _____, has been found to have a violation presenting an immediate danger to the public health and therefore your license is being suspended effective _____. The violation causing this suspension is:

You may appeal this suspension by mailing or hand-delivering a written request for a hearing to the Marion Public Health at 181 S. Main St., Marion, OH 43302.

If a hearing is requested, it shall be heard no later than two business days after the request is received by Marion Public Health. At the hearing, you will have the opportunity to present your case orally, or in writing and to confront and cross-examine adverse witnesses. You may be represented by counsel, if desired, and may review the case record before the hearing. At the hearing, the Marion Public Board of Health shall determine whether the immediate danger to the public health continues to exist.

The Board of Health may immediately render a decision denying, suspending, or revoking approval, or render a decision removing or continuing an approval suspension.

A copy of OAC 3701-9-09 is attached. If you have any questions, you may call the environmental health department at 740-387-2875.

Signature of Marion Public Health Representative

Date

Signature of Operator

Date



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DATE:

INFECTIOUS WASTE DISPOSAL

Less than 50 lbs of infectious waste can be thrown away with the trash. Place sharps into an approved red, rigid sharps container with the bio-hazard symbol located on the front. Other infectious waste can be separated, double-bagged and thrown away. Infectious waste bags are to be red and/or identified with a biohazard label. Records of weight should be kept in the shop and available for inspection at any time.

Statement of Attestation

DATE: _____

I _____ attest that I received a (Tattoo/Piercing) procedure from _____ on _____. During the procedure _____

demonstrated knowledge of the principles of sterilization and showed evidence of adequate training to completely perform body art services.

According to a phone call made to the Ohio Department of Health on December 16, 2015 this statement of attestation meets the definition of OAC 3701-9-04(M).

Body Artist Signature

Date

Client Signature

Date

