

Body Art Plan Review Packet

Please Note: This application must be fully completed, with all questions answered and submitted with all items on the document checklist, along with the plan review/application fee paid before this review will be initiated.

This plan review/application fee will be non-refundable.

Tattoo Body Piercing Combined Tattoo and Piercing Microblading

Name of Establishment: _____

Address of Establishment: _____ City: _____ State: _____

Phone Number: _____ Email address: _____

Owner(s): _____

Owner Address: _____ City: _____ State: _____

Phone number of owner: _____ Email: _____

Applicant Name: _____

Applicant Address: _____

Phone of applicant: _____ Email: _____

Hours of Operation: Appointment only

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Total square foot of the facility _____

Document Checklist

All items must be submitted with the completed application including the plan review fee.

- _____ Application/Plan Review Fee
- _____ Completed application packet
- _____ Equipment list with make and model (see page 4)
- _____ Fishing schedule (building materials and surface finishes, see page 4)
- _____ Copy of Training Certificates (first aid, bloodborne pathogen, body art training certificate)
- _____ Copy of aftercare guidelines
- _____ Infection Prevention and Control Plan (see pages 5-13)
- _____ If applicable, Log forms for tattoo (must include name of individual receiving service, address, date, dye/pigment colors, manufacturer of dyes/pigments and lot numbers used)
- _____ If applicable, Log forms for body piercing (must include the name of the individual receiving service, address, date, jewelry size, jewelry material, manufacturer and location of piercing)
- _____ Parental consent for minors (if applicable)

Plans: All plans must be drawn to scale (ex. 1 inch = 3 ft)

- _____ Site plan (this must show the streets, alleys, and any outside equipment (ex. dumpster, well, septic))
- _____ Entrance and exit plan
- _____ Lighting plan (location of lights in the building)
- _____ Plumbing plan (location of restroom, hand sinks, building backflow, mop sink (if applicable). Separate hand sinks must be available for artist handwashing)
- _____ Floor plan (this must show the designated locations for sterilization, location of storage for inks, dyes, pigments used, location of chemicals, sterilization room if applicable, location of sharps container)

Staff/Trainings:

1. Staff names and operations approved to perform services:

*You must have a certificate of training for each staff member that is licensed to perform body art services. Use additional sheets if necessary.

Name _____ Type of service _____

Name _____ Type of service _____

Name _____ Type of service _____

Name _____ Type of service _____

Facility Information:

2. Total number of rooms or spaces dedicated to tattooing or piercing _____
3. Total Square foot of each room/space dedicated to tattooing/piercing: _____
4. Location of clean supplies and storage: _____

Infectious waste:

Less than 50lbs 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. Additionally, other infectious waste can be separated, double bagged and thrown away.

5. Location of dirty supplies and sharps container: _____

Water/Sewage:

6. Is the water supply: Public Private

*If the water supply is a private water supply, such as a house on a well, you will need to contact the EPA to obtain registration for a public water supply.

7. Is hot and cold water available at each hand washing sink? _____
8. Is hand cleanser available at each hand washing sink? _____
9. Are handwashing signs posted at each hand washing sink? _____

10. Is the facility connected to: Public Sewer (municipal) Private Sewer

*If connected to a private sewer system, you must contact the EPA to obtain registration for a public sewer system.



BODY ART INFECTION PREVENTION and CONTROL PLAN GUIDELINE

In accordance with Ohio Administrative Code (OAC) Chapter 3701-9-02 (B)(8), a body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established practitioners, specifying procedures to achieve complete disinfection and decontamination of equipment and instruments, standard precautions and aseptic techniques, and safe handling of needles and other materials that may lead to the transmission of bloodborne and other infectious diseases.

The body art facility owner shall provide on-site training on the facility’s Infection Prevention and Control Plan to the body art practitioners and employees or individuals involved with decontamination and sterilization procedures. Training shall be provided when tasks where occupational exposures may occur are initially assigned, anytime there are changes in the procedures or tasks and when new technology is adopted for use in the body art facility.

The Infection Prevention and Control Plan shall be maintained current and updated whenever there are changes to any procedures or tasks listed and when new technology is adopted for use in the facility. Any updated copies of the Infection Prevention and Control Plan shall be submitted to Marion Public Health to be kept on file.

Please complete the following form as accurately and in as much detail as possible. Not all procedures inquired about in the following form will apply to all facilities, please indicate not applicable (N/A) when appropriate.

Facility Name:	
Facility Address, City, State, Zip:	
Type of Service(s) Offered: <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Permanent Make-up/Microblading	
Owner/Operator Name:	Business Phone:
Effective Date:	

****Use of this form is not required. A facility may submit an alternative Infection Prevention and Control Plan that meets the requirements of OAC 3701-9-01(B)(8).****

SECTION I: DECONTAMINATION AND DISINFECTING ENVIRONMENTAL SURFACES

Procedure Room Environmental Surfaces	Describe cleaning procedure, disinfectant used, and frequency of cleaning
Workstations/Counter Tops:	
Workstations chairs/Stools:	
Trays/Tables:	
Armrests/Headrests:	
Tattoo machine & clip cord:	
Reusable instruments (i.e. calipers, needle bars):	
Procedure area:	
Portable light fixtures:	
Permanent cosmetic machine:	
Other:	
Other:	

What hospital grade disinfectant will be used on surfaces?
What is the required contact time for this disinfectant to be effective against microorganisms?
List any other cleaning agents used in the facility:

Where will copies of the safety data sheets (SDS) for chemicals in the facility be stored?

****Only EPA registered disinfectants permitted for use within the facility****

Other Facility Environmental Surfaces	Describe cleaning procedure, disinfectant used, and frequency of cleaning.
Customer Waiting Area:	
Restrooms:	
Decontamination Room:	
Other:	

SECTION II: DECONTAMINATION, PACKING, STERILIZING, AND STORAGE OF REUSABLE EQUIPMENT AND INSTRUMENTS

If facility is solely using pre-packaged/pre-sterilized disposable equipment, skip this section.

Describe Personal Protective Equipment (PPE) used during cleaning and sterilizing process.
What enzymatic pre-cleaner will be used to remove all gross debris?
Describe the container and type of disinfectant used to fully submerge the equipment.
List make and model of ultrasonic cleaning unit used. List type of solution used with ultrasonic.
List make and model of autoclave(s) used by the facility.
Is the autoclave designed to sterilize hollow instruments? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the autoclave have a mechanical drying cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the location of your decontamination room and sterilization equipment within the facility.
Which method will be used for autoclave to ensure that it sterilizes reusable equipment properly?
Color changing indicator on peel packs and sterilization integrator: <input type="checkbox"/>
Color changing indicator on peel packs and digital print out from sterilizer: <input type="checkbox"/>
Sterilization integrator strips or digital print outs are required for every load run in the autoclave
Describe the information entered on the sterilization log. (Logs must be maintained on file for at least 2 years and available upon inspection)
What is the protocol taken in the event of a failed sterilization cycle due to equipment malfunction, moisture in the pouch, pouch indicator, sterilization integrator strip, or digital printout indicates sterilization was not achieved?
A biological indicator (spore test) must be performed and submitted to an independent lab on a WEEKLY basis. (All test records must be maintained on file for at least 2 years and available upon inspection) What is the name of the independent lab being used for testing? What is the protocol the body art facility will take in the event of a failed indicator test?

Reusable Equipment	Describe cleaning procedure, disinfectant used, and frequency of cleaning.
Needle tubes:	
Forceps:	
Other instruments:	

SECTION III: PROTECTING CLEAN INSTRUMENTS AND STERILE INSTRUMENTS FROM CONTAMINATION DURING STORAGE

Describe how clean and sterilized instruments in peel packs will be stored in the facility to protect the packages from exposure to dust and moisture.
Describe procedure to be followed if a sterilized package has been compromised or is expired.
If sterilizing own equipment how long may equipment be kept before considered expired?
If disposable, single use, pre-sterilized equipment is used ensure an expiration date is provided on individual instrument packages and records of purchase are maintained. Where will records of purchase be maintained within the facility?

SECTION IV: ENSURING THAT STANDARD PRECAUTIONS AND ASEPTIC TECHNIQUES ARE UTILIZED DURING ALL BODY ART PROCEDURES

Describe location of sink(s) used for hand washing during a procedure.
What is the material of disposable gloves used during a procedure? Where are gloves located?
At what times will hands be washed and gloves changed throughout a procedure?
What marking instrument(s) are used for body art procedures?

Describe the process for preparing the skin prior to a procedure?	
<u>TATTOOING/MICROBLADING</u>	<u>PIERCING</u>
What antiseptic mouthwash will be used prior to a piercing?	
Where will mill certificates for jewelry be maintained within the facility?	
List types of jewelry composition to be used at facility for newly pierced skin.	
What antiseptic solution and single use material will be used to wash a completed tattoo?	
Describe procedure and materials used for bandaging skin after a procedure when applicable?	

Indicate what equipment will be covered during a procedure and what type of protective barrier will be used for each piece of equipment.	
Equipment	Barrier
Tray:	
Table:	
Chair:	
Tattoo Machine:	
Clip Cord:	

Power Supply:	
Squeeze Bottles:	
Lamp:	
Other:	
Other:	

SET UP PROCEDURE

Describe the procedure for setting up the workstation for the following procedures.

Tattooing:	
Microblading:	
Piercing:	

TEAR DOWN PROCEDURE

Describe the procedure for tearing down the workstation for the following procedures.

Tattooing:	
-------------------	--

Microblading:	
Piercing:	

SECTION V: SAFE HANDLING AND DISPOSAL OF NEEDLES

Disposal of waste items capable of causing lacerations or punctures (including, but not limited to needles, razors, and other similar supplies) shall be disposed of in accordance with OAC Chapter 3745-27: Solid Waste and Infectious Waste Regulations.

Describe the location(s) of sharps containers within the facility.
List all items that will be disposed of in sharps containers.
Describe how sharps containers will be disposed of when full. Provide name of collection service.
Describe where log of sharps generation and disposal will be maintained within facility.

SECTION VI: AFTERCARE GUIDELINES

Describe the written recommendation and care information provided to the client after a body art procedure.
List the type of bandages or wrapping provided after a body art procedure. (OAC Chapter 3701-9-02 (B) (8) (f))

AFTERCARE GUIDELINES (Describe the written recommended care information provided to the client after a procedure or attach copy of guidelines)

Maintain a copy of this completed document in your files. Submit one copy to Marion Public Health.

I hereby certify that all body art practitioners performing body art at this facility and employees or individuals involved with decontamination and sterilization procedures have been trained with the procedures and information contained in this document. To the best of my knowledge and belief, the statements made herein are correct and true.

Signature of owner or representative:	Date:
Please print name & title here:	