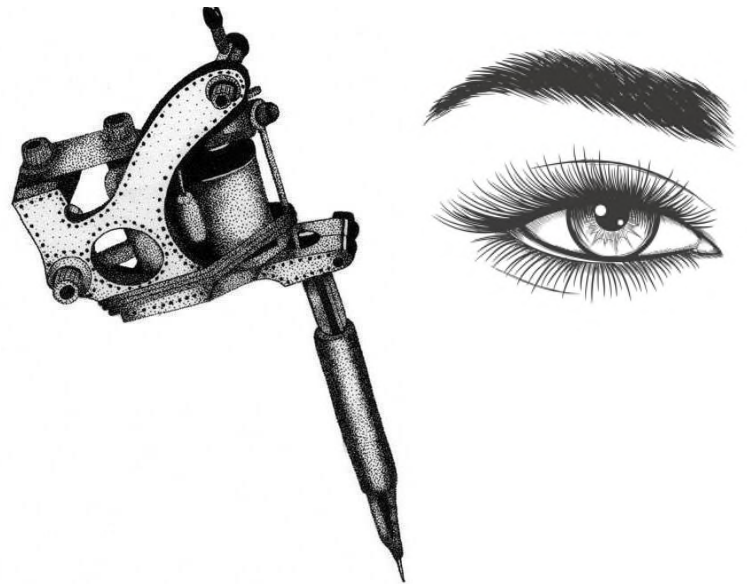


BODY ART

PLAN REVIEW APPLICATION AND GUIDELINES



**Warren County
Health District**



Public Health
Prevent. Promote. Protect.

Warren County Health District
416 S. East Street
Lebanon, Ohio, 45036
(513) 695-1220
www.warrenchd.com

BODY ART LICENSING

Body art is defined as the practice of physical body adornment, including tattooing, permanent cosmetics and/or body piercing.

This definition does not include practices that are considered medical procedures by the state medical board, performed with medical devices that include but are not limited to biopsy or dermal punches and scalpels.

All new body art businesses are required to become licensed.

Ohio Administrative Code requires all body art facilities to be zoned for commercial use. Written verification is required from the local zoning jurisdiction.

WCHD does not enforce zoning, electrical, fire, building or other regulations. Check with local municipalities for local regulations.

PLAN REVIEW PROCEDURE

1. A detailed set of plans must be submitted to this office for review along with the Body Art Plan Review Application prior to construction of a new body art operation.
2. The plans will be reviewed to ensure compliance with all existing rules and regulations. A letter regarding the status of the plans will be sent within thirty (30) days of receiving the application.
3. The WCHD is contacted for an opening inspection after plans are approved and construction has been completed. The operation must be constructed according to plans and all equipment in the operation must be the same as listed on the plans. The body art operation must be ready to operate at the time of the final inspection.
4. Plans may be submitted electronically provided they are easily readable. Please email any information regarding plans to tthornton@wcchd.com or call (513) 695-1498 with any questions.

PLAN REVIEW COMPONENTS

1. Written verification from zoning authority indicating location is zoned for business.
2. Facility floor plan, drawn to scale, drawing must include:
 - a. All rooms in the facility, including restrooms, treatment rooms, waiting areas and storage rooms. Include total square footage. Minimum 100ft² for total facility, 36ft² for procedure area;
 - b. Entrances and exits;
 - c. Location of all equipment; Listing of manufacturer and model numbers for all equipment used;
 - d. Location and types of all plumbing fixtures. Hand sink(s) must be conveniently located near the procedure area. Hand sinks cannot be located in a separate room, or separated by a door. Include location of mop sink;
 - e. Auxiliary areas such as storage rooms and their intended use. Indicate how and where all supplies will be stored;
 - f. Finish schedule of floors, walls, and countertops in procedure area, restrooms and storage areas;
 - g. Lighting plan, including all overhead lighting and portable lighting fixtures;
 - h. Location of garbage containers, including any biohazard disposal and sharps containers;
 - i. Location of chemical storage;
 - j. Location of employee storage area for personal belongings such as purses, jackets, etc.
3. Listing of all body artists and training certificates for the following:
 - a. Tattooing and/or body piercing
 - b. First aid
 - c. Bloodborne pathogens
4. Client consent form that includes:
 - a. Date of service
 - b. Client's name, date of birth, and address
 - c. Placement of procedure
 - d. Color, manufacturer, and lot number of each ink/pigment used for each procedure
 - e. Jewelry, including size, material composition and manufacturer for each piercing performed
5. Minor consent form (if applicable)
6. Copies of aftercare instructions
7. Written infection prevention and control plan, which includes
 - a. Decontamination and disinfecting environmental surfaces
 - b. Decontaminating, packing, sterilizing, and storing reusable equipment and instruments
 - c. Protecting clean instruments and sterile instruments from contamination during storage
 - d. Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures
 - e. Safe handling and disposal of needles
 - f. Aftercare guidelines

PLAN SUBMISSION CHECKLIST

The following must be submitted to our office for approval of a body art operation. Failure to provide required information will result in the plans being rejected.

- Completed Body Art Plan Review Application
- Written verification from local zoning department
- Floor plan. The floor plans must be drawn reasonably to scale and must include:
 - Square footage of area
 - Entrances and exits
 - Location and layout of all proposed pieces of equipment
 - Location of hand sink
 - Location of closest restroom
 - Location of supplies storage
 - Location of refuse containers, including garbage and sharps containers
 - Lighting schedule showing the location of all overhead lighting as well as any moveable lighting
- Finish schedule of floors, walls, and countertops in procedure areas
- Equipment list with manufacturer and model of all equipment
- Steam sterilizer log (if required)
- Supplier of any disposable equipment
- Training records, including:
 - Course completion certificates and/or written statement of attestation from approved providers
 - First aid training
 - Bloodborne pathogen training
- Name and address of medical waste hauler for sharps containers
- Name and address of company used for spore testing for autoclave (if applicable)
 - Test result with negative spore test for autoclave
- Copy of customer procedure form (with all requirements)
 - Parental consent form for clients under 18 years of age (if applicable)
- Copy of aftercare guidelines
- Standard operating procedures (SOPs)
- Written infection control plan



BODY ART PLAN REVIEW APPLICATION

INTERNAL USE ONLY
LICENSE FEE: \$160.00
Date Paid: _____
Receipt #: _____

Date: _____

TYPE OF ESTABLISHMENT

Check all that apply

- Tattoo Microblading Permanent Makeup Piercing

ESTABLISHMENT INFORMATION

Business Name: _____

Address of Establishment: _____

Name of Owner: _____

Telephone: _____ Email: _____

APPLICANT/OWNER INFORMATION

Applicant's Name: _____

Mailing Address: _____
CITY STATE ZIP

Phone (best available): _____ Email: _____

CONSTRUCTION INFORMATION

Total Square Footage of Operation: _____ Square Footage of Procedure Area: _____

Proposed Date for Start of Project: _____ Projected Date of Completion: _____

Has the building been zoned for and approved for business use by the zoning authority and building department? YES NO *Written verification must be attached.*

Plans Submitted to: Building Dept. Fire Dept. Plumbing Division
(Check all that apply)

BODY ARTISTS LIST

TRAINING REQUIREMENTS

1. All individuals conducting body art and/or piercing properly must be able to provide certifications or records of course completion in body art offered by authorities recognized by the board of health as qualified to provide such instruction; or written statements of attestation by individuals offering body art apprenticeships that the person(s) have received sufficient training.
2. Current first aid training
3. Current bloodborne pathogens training

Include copies of all training certificates with plans

NAME OF ARTIST	TRAINING CERTIFICATES/LETTERS	CURRENT FIRST AID TRAINING	CURRENT BLOODBORNE TRAINING
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:	YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRATION:

STATEMENT OF ATTESTATION

I do hereby attest to comply with all requirements established by Sections 3730.01 through 3730.11 of the Ohio Revised Code and Sections 3701-9-01 through 3701-9-09 of the Ohio Administrative Code. I hereby certify that all body art practitioners performing body art at this facility and employees or individuals involved with decontamination and sterilization 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: _____ Date: _____

Title: _____

SAFETY AND SANITATION STANDARDS

PROCEDURE AREA	
Will there be a minimum of 40 foot-candles of light provided at the level where the body art is being performed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What are the finishes of the floors in the procedure area?	
What are the finishes of the walls in the procedure area?	
Are all tables and other equipment constructed so they are smooth and easily cleanable?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there a restroom available to the artists and patrons?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there a hand sink separate from the restroom, located in close proximity of each procedure area?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will all hand sinks provide both hot and cold running water and be stocked with hand soap and a single-use hand drying method?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Indicate the method to provide privacy for customers when performing body art procedures:	
EQUIPMENT	
Will an ear piercing gun be used?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If NO, please skip to next section</i>
Is the gun designed so that all parts of the gun that touch the patron's skin are disposable?	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Will the operation require the use of an ultrasonic cleaner? <i>Required for all piercing guns and nondisposable pieces of equipment</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will the operation require the use of a steam sterilizer? <i>Required for all nondisposable pieces of equipment</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If NO, please skip to next section</i>
Is the sterilizer designed to sterilize hollow instruments and equipped with a mechanical drying cycle?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What is the name and address of the lab that will be used for weekly biological testing?	

EQUIPMENT (CONTINUED)	
<p>Does the sterilization log include the following:</p> <ul style="list-style-type: none"> • Date and time the sterilizer load was run or the biological test was performed; • The name of the person who ran the sterilization load or performed the test; • Results of the sterilization integrator or digital printout; and • A copy of the report that a biological indicator test was conducted by an independent laboratory? 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If yes, log must be included in plans</i></p>
Describe the procedure when a weekly spore test has failed:	
How long will sterilized equipment or instruments be stored?	
Will all documentation records be maintained and readily available for each test performed, as well as any maintenance on steam sterilizer, for at least two years?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
PROCEDURES	
Will body artists perform body art services if they are impaired by any drugs or alcohol?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Will body artists perform body art services if they knowingly have any infectious or contagious disease, parasitic infestation, or open sores?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Will the body artist inquire of the patron if they have any conditions which could affect the healing process?</p> <p><i>Note: Body art procedures shall not be performed on patrons that indicate the presence of such a condition without documentation from a licensed physician indicating acceptance of the patient for appropriate care following the procedure.</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
RECORDS	
<i>Copies of all guidelines and records below must be included in plans</i>	
<p>Will body art procedures be performed on persons under the age of 18?</p> <p><i>Note: No body art procedure shall be performed on the nipple, areola, or genital area of any individual under the age of 18.</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
If yes, is there a parental consent form?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If yes, form must be included in plans</i></p>
Will the presence of the parent or guardian be required during procedure?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Will all patrons be provided with verbal and written aftercare guidelines following body art procedure?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>Must be included in plans</i></p>

STANDARD OPERATING PROCEDURES	INCLUDED IN PLANS <input type="checkbox"/>	
Are sterile instruments aseptic techniques used at all times during procedures?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is hand washing performed before and after each procedure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are fingernails kept short and clean?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are clean, unused gloves worn throughout the entire procedure, including setup and teardown?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If gloves are pierced or torn or if they have become otherwise contaminated or compromised, are hands washed and gloves replaced immediately?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the body artist leaves the area during a procedure, are gloves removed before leaving, handwashing performed and new gloves put on once returning?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will single-use gloves ever be used on more than one patron?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will only sterilized, single-use disposable needles be used on patrons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are all used needles and needle bars properly disposed of immediately after the procedure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If shaving is necessary, what kind of razors will be used?		
Where will the razors be disposed of after the procedure?		
Are marking instruments (used on skin) single-use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are products used to address the flow of blood, or to absorb blood single-use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are styptic pencils, alum blocks or other solid styptics used to address the flow of blood?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are all procedure areas cleaned and disinfected after each procedure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are all soaps, inks, dyes, pigments, ointments, and other products dispensed and applied using an aseptic technique in a manner to prevent contamination of the container and its contents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are applicators used to apply products to skin single-use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will non-disposable equipment be disinfected and sterilized between patrons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is proper hand washing technique followed and gloves worn during cleaning, disinfecting, and sterilizing equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFUSE	
Where will garbage be discarded?	
Will all garbage receptacles be equipped with lids and kept closed at all times?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will there be a dedicated sharps container?	
What is the name of the medical waste hauler to be used for collection of sharps?	
WRITTEN INFECTION CONTROL POLICY	INCLUDED IN PLANS <input type="checkbox"/>
A written infection control policy is required. A copy must be submitted with plans and kept onsite. Policy must address the following:	
Decontaminating and disinfecting environmental surfaces;	
Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments;	
Protecting clean instruments and sterile instruments from contamination during storage;	
Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures;	
Safe handling and disposal of needles;	
Aftercare guidelines.	