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### PLAN REVIEW APPLICATION

#### INFORMATION NEEDED TO ESTABLISH A BODY ART OPERATION:

**Please Print or Type**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Owner/Applicant Name \_\_\_\_\_

Owner/ Applicant Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_

Services Offered:    ☐ Tattooing    ☐ Body Piercing    ☐ Permanent Cosmetics

**The plans and specifications submitted for the approval of the licensor or department shall clearly confirm that the applicable provisions of rules 3701-9-01 to 3701-9-09 of the Administrative Code can be met adequately. Information shall include, but not limited to, the following:**

Plans and specifications shall clearly show the applicable provisions of the rules in this chapter can be met and shall include, but not be limited to, the following:

1. The total area to be used for the business;
2. Entrances and exits;
3. Number, location and types of plumbing fixtures, including all water supply facilities;
4. Lighting plan;
5. Floor plan, showing the general layout of the fixtures and equipment;
6. Listing of all equipment to be used, including the manufacturer and model numbers;
7. Written verification from the zoning authority and building department having jurisdiction that the building has been zoned and approved for the business use;
8. Written infection prevention and control plan (included)

Please refer to attached templates and guidance documents for additional details.

When plans are submitted to the Henry County / Napoleon City Combined Health Department or its authorized representative, they shall be acted upon within thirty days after the date of receipt.





## Document Requirements for Body Art Plan Submittal

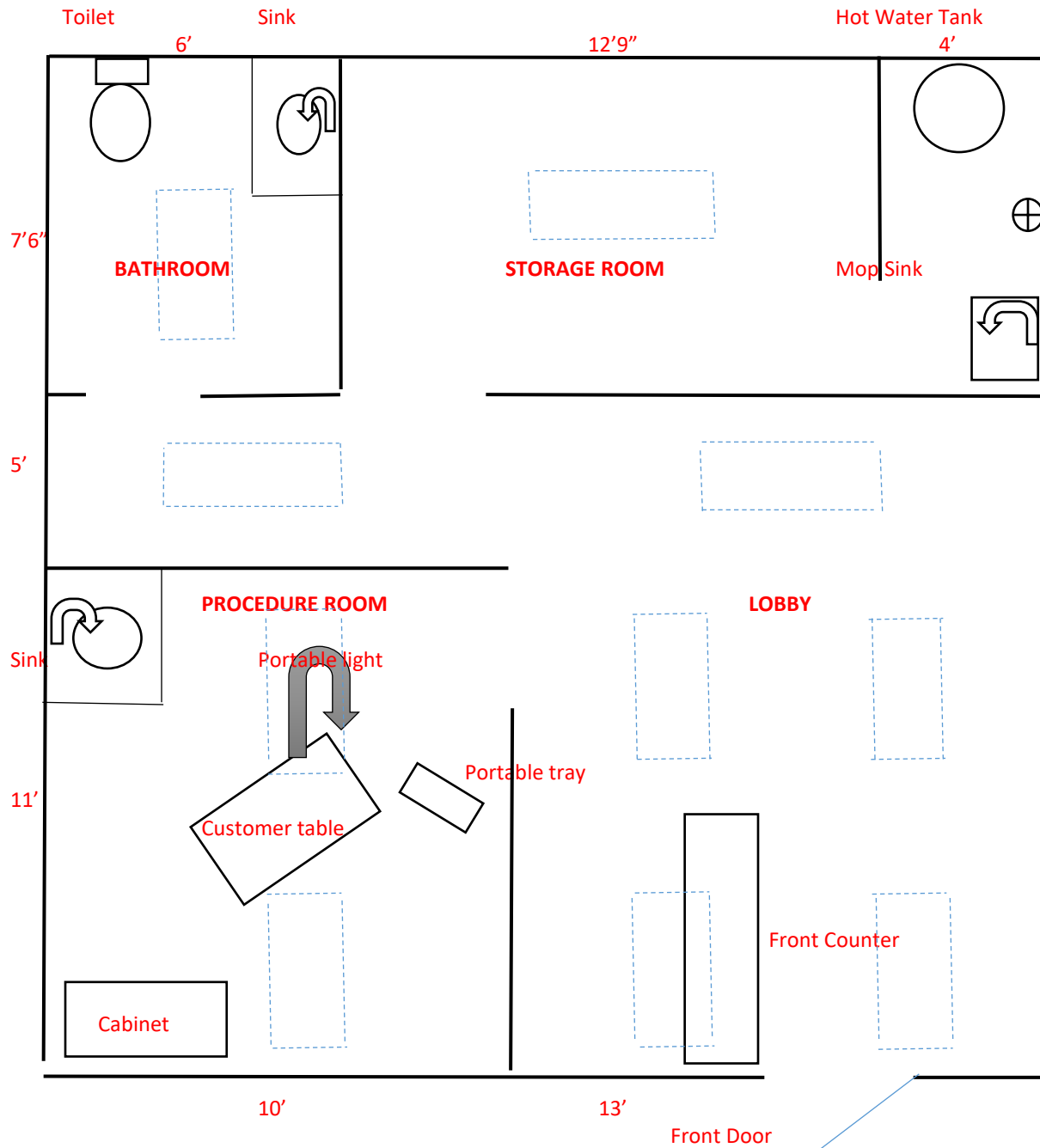
Please verify that the following information is included with your plans/applications:

- ☐ Documentation of training for each person that will be performing body art services
  - Records of Completion of courses or seminars in body art, or;
  - Written statements of attestation by individuals offering body art apprenticeships that the person has received sufficient training to perform body art services
- ☐ Records of completed courses for each person that will be performing body art services in:
  - Basic First Aid, and
  - Standard/Universal Precautions for preventing transmission of bloodborne and other infectious diseases
- ☐ Infection Prevention and Control Plan. (Please complete all portions)
- ☐ A copy of a log sheet to track required tests of sterilizer units (if applicable). The log must include
  - Date and time of each test
  - Name of person conducting the test
  - Name of testing facility
  - Results of each test
- ☐ Equipment Specifications for all equipment
  - Name of manufacturer and model number
- ☐ Written verification from local zoning and Wood County Building Inspection stating that the building has been zoned and approved for the proposed use.

- ☐ Copy of a client record sheet to that will be used to record each body art service provided. It must include
  - Name of patron
  - Address of patron
  - Date(s) of service
  - Placement on the patron's body of the service provided
  - Listing of the manufacturer, colors and lot numbers of all inks, dyes or pigments used
  - Name of jewelry manufacturer (piercing only)
  - Size, material, and composition of jewelry (piercing only)
- ☐ Copy of parental consent form to perform services on a minor (if applicable) The form must include:
  - Written explanation of the procedure that will be performed
  - Specific location on the body
  - Written aftercare procedures
  - Signed and dated statement of consent (to be signed only by parent or legal guardian of the minor)
- ☐ Floor Plan Diagram and Additional Information. (Please complete all portions of floor plan diagram or attach plans that include all information)
  - Total area to be used by the business (square footage, room dimensions of all areas)
  - Locations of all entrances and exits
  - Type of water supply (municipal or private)
  - Type of sewer system (municipal or individual system)
  - A lighting plan indicating how at least 40 foot-candles of light intensity will be provided at the body art level
  - Location of a restroom for staff/customer use
  - Location of all equipment within the facility (general layout)
  - Location of all handwash sinks
  - Surface finishes of: floors, walls, ceiling, tables, counters, cabinets and shelving
- ☐ A copy of aftercare instructions that will be provided to each person upon completion of any procedures. These instructions must include:
  - Physical restrictions
  - Wound care
  - Signs and symptoms of infections
  - When to seek medical treatment

## Floor Plan Diagram

(Example)



Drawing should include: floor plan of total area for the business, location of equipment, hand sink, toilet, other plumbing fixtures, exits, entrances, location of lights, auxiliary areas such as storage rooms, garbage rooms, restrooms, mop room, and sterilizing room. Label rooms, fixtures, equipment, and cabinets. Provide dimensions (measurements of rooms).

## Additional Information

### SURFACE SCHEDULE

Indicate which material (quarry tile, painted concrete block, etc.) will be used in the following areas.

	Floor	Coving	Walls	Ceiling
Procedure Rooms	Commercial vinyl tile	4" rubber with coving (toe)	Epoxy painted drywall	Latex painted drywall
Restrooms				
Storage Rooms				
Lounge				
Mop Room				
Garbage Storage Room				

Indicate the surface finish of the following items.

	Top	Sides	Legs
Tables			
Counters			
Cabinets			
Shelves			

Will complete privacy be available upon a patron's request?

Will lighting be at least 20 footcandles throughout the building?

Will lighting be at least 40 footcandles where the body art procedure is performed?

Will restrooms be available at all times to employees and customers within the building?

Will there be any overhead exposed sewer pipe?

Will there be a waste container with lids in each procedure room?

Will the facility use a public water system?

Will the facility use a municipal sewer connection?



# 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 the Henry County Health Department 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.**

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

**\*\*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
<b>Workstations/Counter Tops:</b>	
<b>Workstations chairs/Stools:</b>	
<b>Trays/Tables:</b>	
<b>Armrests/Headrests:</b>	
<b>Tattoo machine &amp; clip cord:</b>	
<b>Reusable instruments (i.e. calipers, needle bars):</b>	
<b>Procedure area:</b>	
<b>Portable light fixtures:</b>	
<b>Permanent cosmetic machine:</b>	
<b>Other:</b>	
<b>Other:</b>	

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
<b>Tray:</b>	
<b>Table:</b>	
<b>Chair:</b>	
<b>Tattoo Machine:</b>	
<b>Clip Cord:</b>	

<b>Power Supply:</b>	
<b>Squeeze Bottles:</b>	
<b>Lamp:</b>	
<b>Other:</b>	
<b>Other:</b>	

### SET UP PROCEDURE

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

<b>Tattooing:</b>	
<b>Microblading:</b>	
<b>Piercing:</b>	

### TEAR DOWN PROCEDURE

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

<b>Tattooing:</b>	
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<b>Microblading:</b>	
<b>Piercing:</b>	

### 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 the Henry County Health Department.

*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.*

<b>Signature of owner or representative:</b>	<b>Date:</b>
<b>Please print name &amp; title here:</b>	