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PLAN REVIEW APPLICATION Time Limited INFORMATION NEEDED TO ESTABLISH A TIME LIMITED BODY ART OPERATION:

Please Print or Type

Business Name			
Business Address			
Owner/Applicant Name			
Owner/ Applicant Address			
Business Phone	iness Phone Home Phone ail:		
Email:			
Services Offered: Tattooing	Body Piercing	Permanent Cosmetics	
DATE(S) AND TIMES OF OPERATION			
Start Date:// End Date:	_//	Operation Times:	
LOCATION OF THE EVENT:			
Name Business:			
Address: Street	City	State Zip	

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 infection prevention and control plan (included)

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



Document Requirements for Time Limited 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
 - o 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)
- Equipment Specifications for all equipment
 - Name of manufacturer and model number
- □ 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
 - o 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