

***PLAN REVIEW APPLICATION PACKET FOR
COMPLETION BY THE OPERATORS OF
TATTOO/BODY PIERCING PARLORS***

Completed Application Packet Must Be
Submitted With All Floor Plans,
Related Documents And ***\$200.00***
Plan Review Fee To The
Greene County Combined Health District

GCCHD

Greene County Combined Health District
360 Wilson Drive
Xenia, OH 45385
(937) 374-5600

CONTENT AND FORMAT REQUIREMENTS
OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Plans and specifications of the place of business shall include the following:
 - (a) The total area to be used for the business;
Note: The premises in which tattooing or body piercing is conducted shall have an area of at least **100 square feet**. The floor space for each individual performing tattoo or body piercing services shall have an area of at least **36 square feet**;
 - (b) Entrances and exits;
 - (c) Number, location and types of plumbing fixtures, including all water supply facilities (handwashing sinks, restroom facilities, etc.);
 - (d) Lighting requirements:
 - The tattoo or body piercing business shall be equipped with artificial light sources equivalent to at least **20 foot-candles** at a distance of **30 inches** above the floor throughout the establishment; and,
 - A minimum of **40 foot-candles** of light shall be provided at the level where the tattooing or body piercing is being performed. Spotlighting fixtures are permissible to achieve this degree of illumination.
 - (e) A floor plan showing the general materials, layout of fixtures and equipment;
 - All floors directly under equipment used for tattooing or body piercing activities shall be an impervious, smooth, washable surface; and shall have a minimum dimension of 6 feet by 6 feet.
 - (f) Be sure that all surfaces within the procedure rooms are impervious, smooth, and washable surfaces.
5. Provide a written procedure that details how artists performing tattooing or body piercing services on the premises of the business shall disinfect and sterilize all non-disposable equipment or parts of equipment used in performing procedures.
6. Submit a patron record document. This record shall include but is not limited to the following:
 - the patron's date of service,
 - age,
 - name,
 - address, and
 - telephone number.

Be sure to include:

- if the patron is receiving a tattoo or body piercing,
- the body location of the tattoo or piercing,
- the tattoo color and ink lot number, or the type of jewelry materials used if receiving a piercing.

This record shall also inquire if the patron is under the influence of drugs or alcohol at the time of service, if he/she knowingly has any communicable, infectious, or contagious diseases, any parasitic infections, and if he/she currently has any lesions or weeping dermatitis.

7. Submit a copy of the document that is to be given to each patron explaining the appropriate after care instructions of the affected body part(s) following the tattoo/body piercing procedure.
8. Submit written documentation of each piece of equipment to be utilized by the business, including the manufacturer's name, make and model number. Manufacturer's cut sheets must be provided.

PLAN SUBMISSION PACKAGE CHECKLIST

Please verify each of the following are included with your Plan Submission Package:

- _____ Plan Review Fee of **\$200.00**. Checks must be made out to the Greene Co. Combined Health District.
- _____ Completed Plan Review Application and Tattoo/Body Piercing Planning Questions.
Ensure all questions are answered or marked as N/A (not applicable) as appropriate.
- _____ Manufacturer's name, make and model number for each piece of equipment shown on the submitted floor plan. *Manufacturer's cut sheets must be provided.*
- _____ Floor plans drawn to scale of the tattoo/body piercing operation showing:
 - The location and layout of all the proposed pieces of equipment and sinks
 - All overhead lighting

Tattoo Parlor/Body Piercing Plan Review Application

Date: _____ **Type:** Tattoo _____ Piercing _____ Both _____

Establishment Information:

Name of Establishment: _____

Name of Owner(s): _____

Address: _____

(City) (State) (Zip Code)

Telephone (If Available): _____

Owner Information:

Owner's Name(s): _____

Address(s): _____

(City) (State) (Zip Code)

Telephone(s): _____

Projected Date for Start of Project: _____

Days/Hours of Operation: Mon _____ Tues _____ Weds _____ Thurs _____

Fri _____ Sat _____ Sun _____

Plans Concurrently Submitted To: Building Dept. _____ Fire Dept. _____ Plumbing Div. _____

Please list the names of the artists that will be performing tattoos/body piercings below:

One of the following must be submitted for each artist performing tattoos/body piercings:

- Records of completion of courses or seminars in tattooing or body piercing; or
- Written statement of attestation by individuals offering tattoo or body piercing apprenticeship; or
- Other training seminars/courses that pertain to the artist's knowledge of tattoo/body piercing procedures.

Each of the following must be submitted for each artist performing tattoos/body piercings:

- First Aid certification; and
- Bloodborne Pathogen certification

Tattoo/Body Piercing Planning Questions

1. Is the equipment being used going to be disposable? **YES** **NO** (Please Circle)

-If **Yes**, a sharps container must be present in each artist's room.

-If **No**, the following is required:

- Autoclave (Manufacturer's cut sheet must be submitted);
 - a. autoclave sterilization bags with a process indicator,
 - b. sterilization indicator, and
 - c. name of company being used to perform mail-in spore tests.

-Ultrasonic Machine (Manufacturer's cut sheet must be submitted) or the name of the disinfectant to be used for soaking non-disposable equipment;

- Provide a log including:
 - a. the date,
 - b. time,
 - c. the name of the person performing the test, and
 - d. sterilization indicator results for all equipment placed in the autoclave.

2. What products are going to be used to clean the skin before and after a procedure?

3. What products are going to be used to clean the exterior of equipment within a procedure room?

3. What products are going to be used to clean the exterior of equipment within a procedure room?

4. What is the name of the manufacturer(s) of the inks your facility will be using for tattoos?

5. What product is being used to apply the tattoo stencil to the skin?

6. How are you disposing of infectious wastes?
