

# BODY ART ESTABLISHMENT PLANNING APPLICATION



Toledo-Lucas County Health  
Department

635 N. Erie Street

Toledo, OH 43604

Phone: (419) 213-4100 ext. 3

Fax: (419) 213-4141



# BODY ART ESTABLISHMENT PLANNING APPLICATION

## LICENSING

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Any facility offering body art services (tattoo and/or piercing) needs to have a license issued by the Toledo-Lucas County Health Department (TLCHD) (3730.02 ORC and 3701-09-02 OAC). If you plan to open a body art establishment, remodel a facility, or change your approval status (i.e. add a sterilization room or add tattooing or piercing), please contact the TLCHD for any questions you may have regarding plan approval or licensing.

## GETTING STARTED

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All new body art businesses and those performing extensive alterations or remodeling must complete the plan review process. Operators must read the *Body Art Establishment Introduction Guide*, found on our website and the Ohio Administrative Code (OAC) 3701-09 and Ohio Revised Code (ORC) 3730.02.

The following is a breakdown of the necessary steps to obtain a body art license from the Toledo-Lucas County Health Department:

### **Step 1: Submit Plans (at least 30 days prior to construction)**

Plans will only be accepted by a sanitarian. Contact this department to set up a date and time to drop off plans. (419) 213-4100 ext. 3.

Include the following:

- Completed Body Art Establishment Planning Application (this document).
- One (1) complete set of drawings of the facility to include:
  - Floor plan, showing the general layout of the fixtures and equipment
  - The total area to be used for the business
  - Entrances and exits
  - Location and type of plumbing fixtures, including all water supply facilities
  - Lighting plan
- A description of the materials used for the flooring, walls, countertops, and storage areas.
- Listing of all equipment to be used, include manufacturer and model numbers.
- Written verification from the zoning authority and building department having jurisdiction that the building has been zoned and approved for business use.
- Listing of all body artists under anticipated employment at time of application.
- Documentation of appropriate training in tattooing or body piercing (courses, seminars, apprenticeships or other training) for all body artists working in the establishment.
- Documentation that all persons performing tattooing or body piercing have received training in:
  - First aid
  - Universal precaution against bloodborne pathogens
- Client consent forms that include:
  - Date of service
  - Client's name, date of birth, and address
  - Placement of the procedure
  - Color, manufacturer, and lot number of each ink/pigment used for each tattoo performed

- Jewelry used including size, material composition, and manufacturer for each piercing performed
- Minor consent forms to be used (if applicable).
- Copies of the aftercare instructions you will be providing to your clients.
- A written Infection Prevention and Control Plan that includes, but is not limited to the following:
  - Decontaminating and disinfecting environmental surfaces
  - Decontaminating, packing, sterilizing, and storing reusable equipment and instruments
  - Protecting clean instruments and sterile instruments from contamination during storage
  - Procedures for ensuring that standard precautions and aseptic techniques are utilized during all body art procedures
  - Procedures for the safe handling and disposal of needles
  - Aftercare guidelines
- Completed Application for a License to Conduct a Body Art Business.
  - Will be provided once completed plans are submitted
- The Plan Review Application fee and License fee must be paid when the plans are submitted. Cash, check, money order, and credit card (with processing fees) are accepted. Make checks payable to: Toledo-Lucas County Health Department.

**2018 Plan Review/Approval Fee Schedule**

**Tattoo Service Only- \$679.00**  
**Body Piercing Service Only- \$ 679.00**  
**Combined Tattoo/Piercing- \$779.10**  
**Limited Time Event- \$150.00**  
**Application Fee- \$50.00**

All materials turned into the department become the property of the Health Department. You are responsible for making your own copies of the material submitted. All fees submitted to TLCHD are **nonrefundable** and **nontransferable**.

**Step 2: Plan Review Process**

- Within 30 days after completed plans and fees are submitted, TLCHD will start the review.
- Plans may require additional information or changes – in this case, TLCHD will contact you.

**Step 3: Plan Approval Process**

- A letter will be sent informing you that the plans have been approved.
- Plan approvals expire one (1) year after approval is issued.

**Step 4: Construction/Preparation for Opening**

- Ensure that all contractors and sub-contractors are licensed.
- Ensure that contractors obtain necessary permits through the Building Department.
- Please contact the appropriate officials listed below for requirements:

City of Oregon (419) 689-7071	City of Maumee Building & Zoning Inspection (Including Whitehouse, and Holland) (419) 897-7075
Lucas County Building Regulation (419) 213-2990	City of Toledo Building Inspection (419) 245-1220

- Obtain signatures (‘sign offs’) from all building inspectors before contacting TLCHD for an opening inspection – arrange for this inspection once approval for a **Certificate of Occupancy** has been given.
- The following items are needed **prior** to contacting the TLCHD for a pre-license inspection:
  - Certificate of Occupancy from your local Building and Fire Department, if applicable.

### **Step 5: Pre-license Inspections**

- TLCHD requires a minimum notice of **2 business days** to schedule an inspection (based on volume, it may take up to a week). Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection if necessary. **Call 419-213-4100 ext. 3 to schedule the inspection.**
- Once the opening inspection is completed and passed by TLCHD, you will be able to open for business and an approval to operate will be issued.

## **EDUCATION REQUIREMENT**

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The education of you and your staff is an important part of planning for a successful body art business. The Ohio Administrative Code requires that all body artists have proof of appropriate training in the art that they perform. This proof can be any records of completion of courses and seminars, written statements of attestation by individuals offering body art apprenticeships, or any other documentation acceptable by the Board of Health.

Body Artists must also be able to demonstrate knowledge of the principles of sterilization, and each artist performing procedures must also have records of completion of training in **first aid** and **standard precautions for preventing transmission of blood borne and other infectious diseases**.

**\*PLEASE KEEP THE PREVIOUS PAGES FOR YOUR REFERENCE\***

# **BODY ART ESTABLISHMENT PLANNING APPLICATION**

Facility Name: \_\_\_\_\_

Facility Address, City, Zip: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Plan Review Type**

- New Body Art Facility  
 Remodel/Extensive Alteration of Existing Body Art Facility

*\*If remodel, please describe scope briefly:*

\_\_\_\_\_  
\_\_\_\_\_

Estimated Date Construction Will Begin: \_\_\_\_\_

Estimated Opening Date: \_\_\_\_\_

Estimated Hours of Operation: \_\_\_\_\_

## **INTERNAL USE ONLY**

Date Plans Received \_\_\_\_\_

Received By \_\_\_\_\_

Plan Review # \_\_\_\_\_

Date Plans Approved \_\_\_\_\_

Amount Paid \_\_\_\_\_

## **Type of Establishment (check all that apply)**

Tattoo \_\_\_\_\_

Piercing \_\_\_\_\_

Permanent Makeup \_\_\_\_\_

**Water Supply:** City \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Sewage Disposal:** Sanitary Sewer \_\_\_\_\_ Semi-Public \_\_\_\_\_  
*If semi-public, is it approved by OEPA? Yes \_\_\_ No \_\_\_*

I certify that the plan review application package submitted is accurate to the best of my knowledge and all the required materials have been provided.

**Signature of owner or representative** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name and title here:** \_\_\_\_\_

# PLAN REVIEW COMPONENTS

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The plans submitted to TLCHD must be legible, in English and include the following information. Lack of complete information may delay plan approval and/or the opening of your business.

**Please indicate that the following are included (x) or indicate if not applicable (N/A).**

- Properly completed application (this document).
- Application for a License to Conduct a Body Art Establishment (state form).
- Application for a License to Conduct a Body Art Establishment (state form).
- Reviewed the TLCHD *Body Art Establishment Introduction Guide*.
- Read Ohio Administrative Code (OAC) 3701-09 and Ohio Revised Code (ORC) 3730.02.
- Facility Floor Plan, drawn to scale, showing general layout of the fixtures, equipment, entrances/exits.
- The total area to be used for the business.
- Location and types of plumbing fixtures, including all water supply facilities.
- Listing of all equipment to be used, include the manufacturer and model numbers.
- Description of the materials used for the flooring, walls, countertops, and storage areas.
- Certificate of Occupancy from the appropriate building authority.
- Listing of all body artists under anticipated employment at time of application.
- Documentation that all persons performing tattooing and/or body piercing have received training in:
  - Tattooing and/or body piercing
  - First aid
  - Universal precaution against blood borne pathogens
- Client consent forms that include:
  - Date of service
  - Client's name, date of birth, and address
  - Placement of the procedure
  - Color, manufacturer, and lot number of each ink/pigment used for each tattoo performed
  - Jewelry used including size, material composition, and manufacturer for each piercing performed
- Minor consent forms to be used (if applicable).
- Copies of the aftercare instructions you will be providing to your clients.
- Written Infection Prevention and Control Plan that includes, but is not limited to the following:
  - Decontaminating and disinfecting environmental surfaces
  - Decontaminating, packing, sterilizing, & 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
- \$50.00 Application fee
- \$679.00 or \$779.10 Approval fee

# PLAN REVIEW SUBMISSION

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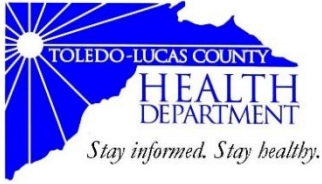
This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process. I further understand that all fees are nonrefundable and nontransferable. I am submitting plans and specifications for the facility layout, equipment, and operation.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Submit Plans to: Toledo-Lucas County Health Department  
Environmental Health Division  
635 N. Erie St.  
Toledo, OH 43604

Questions? Phone: 419-213-4100 ext. 3



# BODY ART ESTABLISHMENT INTERIOR FINISHES LIST

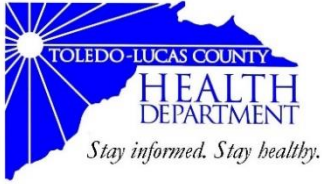
Please provide the following information for all interior finishes and attach it to your plans (unless the information is already included in plans). Please note that all surfaces must be smooth and easily cleanable. List the material that will be used to provide a smooth and cleanable surface. Please explain abbreviations.

**This information is included in plans submitted.**

Room Name	Floors	Walls	Ceiling	Covering
<i>Example: Procedure Area</i>	<i>Quarry tile</i>	<i>Painted drywall</i>	<i>Vinyl acoustical tile</i>	<i>Plastic covering</i>

All surfaces must be smooth and easily cleanable. Contact TLCHD if you have questions regarding whether specific surfaces are approved for use in a body art operation.





# BODY ART ESTABLISHMENT EQUIPMENT LIST

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

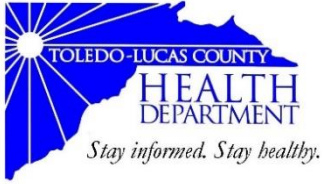
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Equipment	Manufacturer	Model #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____

Sanitarian Signature: \_\_\_\_\_ License No. \_\_\_\_\_

Owner/Operator Signature: \_\_\_\_\_



# BODY ART ESTABLISHMENT BODY ARTISTS LIST

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

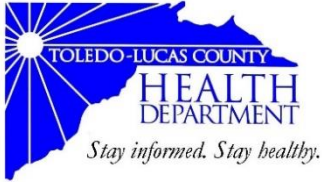
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Artist's Name	Artist's Signature	Date
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____

Sanitarian Signature: \_\_\_\_\_ License No. \_\_\_\_\_

Owner/Operator Signature: \_\_\_\_\_



# BODY ART INFECTION PREVENTION and CONTROL PLAN GUIDELINE

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In accordance with Ohio Administrative Code Chapter 3701-9, 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 onsite 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, but not less than one year.

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 Toledo-Lucas County Health Department to be kept on file.

Name of Body Art Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Type of Body Art Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. Decontamination and Disinfection of Environmental Surfaces:**

Describe the procedures for decontamination and disinfecting environmental surfaces such as workstations and non-disposable equipment that does not get sterilized. Identify items that are to be disinfected and the disinfectants that are to be used. (OAC Chapter 3701-9-02 (B) (8) (a))

a. Workstation surfaces/counter tops:

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b. Workstation chairs/stools:

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c. Trays:

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d. Armrests:

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e. Headrests:

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f. Procedure Area:

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g. Tables:

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h. Tattoo machine and clip cord:

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i. Reusable instruments, calipers, needle tubes, etc. portable light fixtures or other:

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- j. Permanent cosmetic machine:

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**2. Decontamination, packing, sterilizing, and storage of reusable equipment and instruments:**

Describe the procedures used for decontaminating, sterilizing, packing, and storing of reusable equipment and instruments. Indicate whether the body art facility uses all pre-sterilized, single-use/disposable instruments; or sterilizes instruments using a steam sterilizer designed to sterilize hollow instruments and is equipped with a drying cycle. Describe in detail the steps of the sterilization process for non-disposable instruments and include the procedures for the monitoring functions of the sterilizer and record keeping details. (OAC Chapter 3701-9-02 (B) (8) (b))

- a. Needle tubes:

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- b. Needles:

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- c. Other instruments:

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**3. Storage:**

Describe the location and equipment used for the storage of clean and sterilized instrument peel packs to protect the packages from exposure to dust and moisture. (OAC Chapter 3701-9-02 (B) (8) (b))

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**4. Set Up and Tear Down of Workstation:**

Describe the procedure for setting up and tearing down the workstation for the following procedures. (OAC Chapter 3701-9-02 (B) (8) (d))

- a. Tattoo:

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b. Piercing:

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c. Permanent Cosmetics:

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**5. Prevention of Cross Contamination:**

Describe the techniques used to prevent the contamination of instruments, tattoo machines, trays, tables, chairs, clip cords, power supplies, squeeze bottles, inks, pigments, lamps, stools, soaps, procedure sites and additional areas of potential contamination during body art procedures. Include barriers provided to prevent cross contamination. Describe how procedure sites are prepared for the body art procedure. (OAC Chapter 3701-9-02 (B) (8) (d))

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**6. Sharps Containers:**

Describe the procedures used for the safe handling of sharps and indicate the location of in-use sharps containers. Indicate disposal frequency for sharps waste. Indicate method of infectious waste disposal. (OAC Chapter 3701-9-02 (B) (8) (e))

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**7. Sharps Disposal:**

Describe the disposal of sharps used during body art procedures. (OAC Chapter 3701-9-02 (B) (8) (e))

a. Needles and needle bars:

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b. Razors:

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c. Other sharps or single-use marking pens used on open skin:

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**8. Sterilization of Jewelry:**

Describe the procedure used for the sterilization of jewelry prior to placing into newly pierced skin. (OAC Chapter 3701-9-02 (B) (8) (b)(c)(d))

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**9. Sterilization Room:**

Describe the procedure used for decontaminating instruments prior to placing them into the autoclave. Indicate whether instruments are manually washed or machine washed, such as with an Ultrasonic machine. Describe the material used for soaking dirty instruments in the machine. (OAC Chapter 3701-9-02 (B) (8) (b))

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**10. Disinfection Products:**

List the disinfectant products used at the body art facility. (OAC Chapter 3701-9-02 (B) (8) (a))

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**11. Time and Temperature:**

List the temperature of the autoclave and duration of time at that temperature required for the sterilization of clean instruments. Indicate where the sterilization log is maintained on-site. (OAC Chapter 3701-9-02 (B) (8) (b))

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**12. Personal Protective Equipment:**

List the personal protective equipment used during a body art procedure for the artist and the client. (OAC Chapter 3701-9-02 (B) (8) (d))

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**13. Handwashing sink:**

List the locations of the handwashing sinks and describe the items supplied at each sink. (OAC Chapter 3701-9-02 (B) (8) (d))

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**14. Aftercare Procedure:**

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))

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**15. Negative/Failed Spore Test:**

Describe the procedure conducted when a weekly spore test has failed. Indicate where the facility maintains a spore test log on-site. (OAC Chapter 3701-9-02 (B) (8) (b))

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Maintain a copy of this completed document in your files. Submit one copy to the Toledo-Lucas 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_