

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

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.

EDUCATION REQUIREMENT

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**.

GETTING STARTED

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.

Submit Plans To

**Toledo-Lucas County Health Department
Environmental Health Division
635 N. Erie St.
Toledo, OH 43604**

Include the following:

- Completed *Body Art Establishment Planning Application* (this document).
- Provide a copy of the Certificate of Occupancy from the appropriate building authority.
- 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
 - Lighting plan
 - Location and type of plumbing fixtures, including all water supply facilities
 - Location of sterilization area (if applicable)
- Listing of all equipment to be used, include manufacturer and model numbers.
- A description of the materials used for the flooring, walls, countertops, and storage areas.
- 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
- 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.

2019 Plan Review/Approval Fee Schedule

Tattoo Service Only- \$575.00
Body Piercing Service Only- \$575.00
Combined Tattoo/Piercing- \$675.00
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**. Payment is not a guarantee of plan approval or receipt of license. It is the responsibility of the applicant to make sure plans are complete and meet all requirements outlined in the application.

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.
- Submitted plans expire one (1) year after submission. Failure to finalize construction or meet all requirements to obtain a license within the one (1) year timeframe will require a new plan submission and payment in order to continue pursuing a license for the facility.

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

- If plan approval is received an inspection(s) will be conducted prior to licensing of facility.
- 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.

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

PLEASE KEEP THE PREVIOUS PAGES FOR YOUR REFERENCE

BODY ART ESTABLISHMENT PLANNING APPLICATION

EVENT INFORMATION	
Facility Name:	
Facility Address, City, Zip:	
Plan Review Type: <input type="checkbox"/> New Body Art Facility <input type="checkbox"/> Remodel/Extensive Alteration of Existing Body Art Facility	
Est. Construction Start Date:	
Type of Service(s) Offered: <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Permanent Make-up/Microblading	
Water Supply: <input type="checkbox"/> City <input type="checkbox"/> Other (please specify):	
Sewage Disposal: <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Semi-public: <i>If semi-public is it approved by OEPA?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSE HOLDER INFORMATION	
Facility Owner's Name :	
Address, City, State, Zip:	
Phone Number:	E-mail:
Primary Contact Person (if different from facility owner):	
Phone Number:	E-mail:

List all persons having at least 5% or more ownership interest in the business.		
Name	Address	Phone

I certify that the application package submitted is accurate to the best of my knowledge and all the required materials have been provided. I hereby attest that I fully intend to comply with all requirements established by sections 3730.01 to 3730.11 of the Revised Code and section 3701-09 of the Ohio Administrative Code.

Signature of owner or representative:	Date:
Please print name & title here:	

INTERNAL USE ONLY
Date Plans Received _____
Received By _____
Plan Review # _____
Date Plans Approved _____
Amount Paid _____

COMMENTS _____

PLAN REVIEW COMPONENTS

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

- Properly completed **application** (this document).
- Read **Ohio Administrative Code (OAC) 3701-09** and **Ohio Revised Code (ORC) 3730.02**.
- Reviewed TLCHD's *Body Art Establishment Introduction Guide*.
- Certificate of Occupancy** for the facility from the appropriate building authority.
- Facility Floor Plan**, drawn to scale, showing general layout of the fixtures, entrances/exits, and body art equipment (i.e. procedure chair, artist chair, lamp, trays, etc.). Be sure to also include:
 - Dimensions of areas to be utilized (minimum of 36 ft² per artist required).
 - Include total area of the business (100 ft² required).
 - Lighting plan (minimum of 40 foot candles on all work surfaces).
 - Location and types of plumbing fixtures (i.e. hand sinks, mop sinks, restrooms).
 - If sterilizing on-site include drawing of sterilization area (i.e. location of sink(s), autoclaves).
- Listing of all equipment** to be used. [See *Body Art Establishment Equipment List*]
- Description of the materials** used for the flooring, walls, countertops, and storage areas (all surfaces must be smooth, non-porous, and easily sanitized). [See *Body Art Establishment Interior Finishes List*]
- Listing of all body artists** under anticipated employment. [See *Body Art Establishment Body Artists List*]
- Documentation that all persons performing tattooing and/or body piercing have received **training** in:
 - Tattooing and/or body piercing (provide certificate(s) and/or a resume of work history in body art)
 - First aid
 - Universal precaution against blood borne pathogens
- Copy of **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
- Copy of **minor consent forms** to be used (if applicable).
- Copy 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:
[See *Body Art Infection Prevention & Control Plan Guideline*]
 - 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 plus **\$575.00** (Single Service) or **\$675.00** (Combined Service) Approval Fee

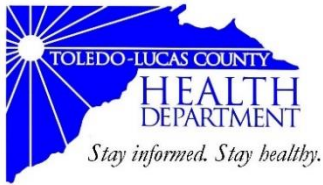


BODY ART ESTABLISHMENT INTERIOR FINISHES LIST

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, non-absorbent and easily cleanable.** Contact TLCHD if you have questions regarding whether specific surfaces are approved for use in a body art facility. 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	Cabinets	Counter Tops
<i>Example: Procedure Area</i>	<i>Vinyl</i>	<i>Painted drywall</i>	<i>Laminate</i>	<i>Formica</i>



BODY ART ESTABLISHMENT EQUIPMENT LIST

Business Name:	
Address, City, State, Zip:	
Owner/Operator Name:	Business Phone:

Please provide a list of all body art equipment (i.e. tattoo/permanent make-up machine, autoclave, ultrasonic, disposable blades, ink brands used, etc.)

EQUIPMENT	MANUFACTURER	MODEL #
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		

Signature of owner or representative:	Date:
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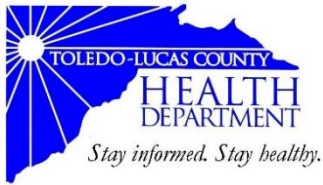
BODY ART ESTABLISHMENT BODY ARTISTS LIST

Business Name:	
Address, City, State, Zip:	
Owner/Operator Name:	Business Phone:

PRINT ARTIST NAME	ARTIST SIGNATURE	TRAINING
1)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
2)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
3)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
4)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
5)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
6)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
7)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
8)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
9)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
10)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
11)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
12)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
13)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
14)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen

****Include a copy of each artist's training records with application.****

Signature of owner or representative:	Date:
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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 Toledo-Lucas 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.

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

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

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
Tray:	
Table:	
Chair:	
Tattoo Machine:	
Clip Cord:	

Power Supply:	
Squeeze Bottles:	
Lamp:	
Other:	
Other:	

SET UP PROCEDURE

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

Tattooing:	
Microblading:	
Piercing:	

TEAR DOWN PROCEDURE

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

Tattooing:	
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Microblading:	
Piercing:	

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 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 of owner or representative:	Date:
Please print name & title here:	