

## Safe Body Art

### APPLICATION FOR INITIAL APPROVAL TO PROVIDE TATTOO OR BODY PIERCING SERVICES

Instructions:

1. Complete the application.
2. Sign and date the application.
3. Submit the signed application and the permit fee to Meigs County Health Department.

**Permit Fee: \$75.00 payable to Meigs County Health Department**

#### Business Information

Name of Establishment: \_\_\_\_\_ Services Provided: Tattoo  Body Piercing  Both

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### Operator Information

Name of Operator: \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Are you the sole proprietor? Yes  No

*Please list any additional owners on back*

#### Artists Information

Name: \_\_\_\_\_ Providing: Tattoo  Body Piercing  Both

Certifications (check all that apply):

First Aid  Prevention of blood borne and other infectious diseases  Body art training

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Certifications (check all that apply):

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Are there additional artists at this facility? Yes  No

*COPIES OF CERTIFICATIONS WILL BE REQUIRED*

*Please list additional artists and certifications on back*

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<b>Will procedures be maintained and documented that ensure all persons performing body piercing or tattooing services on the business premises have received appropriate training in:</b>		
Tattooing or body piercing:	YES	NO
Preventing transmission of infectious diseases:	YES	NO
Appropriate tattoo and body piercing after-care:	YES	NO
First Aid:	YES	NO
Universal precautions against blood borne pathogens:	YES	NO
<b>Will written records of equipment utilized by the business be maintained?</b>		
YES NO		
<b>Will procedures be maintained that ensure that all non-disposable equipment, parts of equipment or instruments used in performing procedures are disinfected and sterilized in accordance with rule 3701-09-08 of the Administrative Code?</b>		
YES NO		
<b>Will weekly biological monitoring tests of the business's heat sterilization devices be completed?</b>		
YES NO		
<b>Will a record of all tests performed on the heat sterilization devices be maintained for at least two years?</b>		
YES NO		
<b>Will procedures be maintained that ensure the general health and safety of all individuals employed by the business?</b>		
YES NO		
<b>Each area in which tattooing or body piercing is conducted will have an area of how many square feet?</b>		
<b>Will all areas used for performing services be separated from each other and from waiting customers or observers by a panel, privacy screen or door?</b>		
YES NO		
<b>Is at least 40 foot-candles of light provided at all areas where tattooing or body piercing services are performed</b>		
YES NO		
<b>Is at least 20 foot-candles of light provided at all other areas?</b>		
YES NO		
<b>Describe the floor finish material directly under equipment used for tattooing or body piercing services:</b>		
<b>Will all tables and other equipment be constructed of easily cleanable material, with a smooth washable finish</b>	YES	NO
<b>Will toilet room facilities be available to the employees and customers of the business?</b>	YES	NO
<b>Are all toilet rooms equipped with the following?</b>		
A toilet:	YES	NO
Toilet paper installed in a holder:	YES	NO
A handwashing sink with hot and cold running water:	YES	NO
<b>Will all tattooing or body piercing areas be provided with a hand washing sink that is accessible at all times?</b>	YES	NO
<b>Are all hand sinks equipped with the following?</b>		
Liquid or granular soap:	YES	NO
Single use towels or mechanical hand dryer:	YES	NO
Hot and cold running water:	YES	NO
<b>Are there any overhead or otherwise exposed sewerage lines so as to create a potential hazard to the sanitary environment of the business?</b>	YES	NO
<b>Will sufficient and appropriate receptacles be provided for the disposal of refuse and single-use instruments?</b>	YES	NO



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Will all waste items including but not limited to needles, razors and other supplies capable of causing lacerations or punctures be disposed of in accordance of the applicable standards of Chapter 3745-27 of the Administrative Code?	YES	NO
Will indoor and outdoor refuse containers have lids?	YES	NO
Is the water supply: Public <input type="checkbox"/> Private Well <input type="checkbox"/> Private wells must have water sampling performed		
Is the sewer: Public <input type="checkbox"/> Private Septic System <input type="checkbox"/> Private systems must receive approval MCHD		
Will a separate area be provided where employees and patrons may consume food or beverages?	YES	NO
Will disposable latex gloves be available and changed accordingly?	YES	NO
When shaving of a site or area is necessary, will you use disposable razors.	YES	NO
Describe your procedures to assure that individuals under eighteen years of age will not be served without proper consent:		
Describe how and where sterilized instruments and equipment will be stored.		
Please describe how non-disposable needles and instruments will be cleaned and disinfected.		

Authorization

I hereby certify that I am the operator, owner or authorized representative of the above tattoo and/or body piercing establishment and intend to comply with all requirements established by Sections 3730.01-3730.11 of the Ohio Revised Code and Chapter 3701-9 of the Ohio Administrative Code.

Name (printed) \_\_\_\_\_

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

<u>Office Use</u>			
Date received _____	Fee Paid _____	Receipt number _____	Operation ID _____
Reviewed by: _____	Date reviewed _____		
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Notes: _____			