



BODY ART RULES AND REGULATIONS, CHAPTER 511-3-8

PLAN REVIEW CHECKLIST

Facility Information

Facility Name: _____

Facility Address: _____
Street City State Zip Code

Type of Facility: [] 100% Disposable [] Facility will Utilize Ultrasonic/Autoclave

Services Offered: [] Tattooing [] Piercing [] Microblading

Project Point of Contact: _____

Phone Number: _____ Email Address: _____

Date Submitted: ___/___/___ Date Approved: ___/___/___ Date Disapproved: ___/___/___

If disapproved, provided a letter detailing why the submission does not comply with the rules.

Date of Letter: ___/___/___

Project Information

Check all that apply to this facility:

Water Supply: [] Public Water Utility [] EPD Permitted Well [] MOU Well

Name of Water Supply (if applicable): _____

Sewage Disposal: [] Public Sewage Utility [] On-site Sewage Management System

Local Officials Review: [] Zoning [] Building Inspection [] Fire [] Other

Comments: _____

Four horizontal lines for additional comments.

Each application should be supplemented with the following documents:

Yes **No** **N/A**

- Application is accompanied by an 8 ½" x 11" or larger page contains detailed, to-scale floor plan of the body art studio.
- Plans show the accurate placement of each of the following: windows, doors, chairs, tables, sinks, restrooms, waiting area, and all other equipment
- Specification sheets provided for equipment (if requested by the Health Authority, indicate in comments what equipment specification sheets were requested)
- If studio is 100% disposable, adequate manufacturer documentation on all equipment used was provided to avoid requirements for an ultrasonic cleaner and autoclave.

Comments: _____

Employee/ Artist Information: The applicant shall certify in its application the names and exact duties of the employees and body artists who will be responsible for carrying out the rules and policies adopted by the permit holder. The following information shall be included for each such person:

Yes **No** **N/A**

- Valid driver's license or Government issued I.D.
- Date of birth (DOB)
- Home address
- Phone Number
- Department issued certification for artists (check N/A if artists are currently applying for a certification)

Comments: _____

Body Art Studio Policies and Procedures (511-3-8-.05)

Check that the studio has the following written policies and standard operating procedures. Also verify that the studio does not offer any prohibited or restricted procedures.

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Sterilization of Instruments and Equipment and Emergency Sterilization Procedures |
| <input type="checkbox"/> | <input type="checkbox"/> | Body Artist and Employee Health |
| <input type="checkbox"/> | <input type="checkbox"/> | Body Artist and Employee Drug and Alcohol Use |
| <input type="checkbox"/> | <input type="checkbox"/> | Sanitizing Areas and Equipment Between Use |
| <input type="checkbox"/> | <input type="checkbox"/> | Disposal of Waste |
| <input type="checkbox"/> | <input type="checkbox"/> | Record Keeping |
| <input type="checkbox"/> | <input type="checkbox"/> | Client Screening |
| <input type="checkbox"/> | <input type="checkbox"/> | Aftercare Instructions |
| <input type="checkbox"/> | <input type="checkbox"/> | Exposure Control Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency plan for accidents that address first aid procedures |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Interruption Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Prohibited and Restricted Procedures are not offered |

Comments: _____

Client Files (511-3-8-.08): Check that the studio has the following client files (Application, Client Evaluation, and Informed Consent) containing the minimum information:

Application

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Client Name and Date of Birth |
| <input type="checkbox"/> | <input type="checkbox"/> | Description and Location of Body Art Procedure |
| <input type="checkbox"/> | <input type="checkbox"/> | Block for name and certification number of Body Artist |
| <input type="checkbox"/> | <input type="checkbox"/> | Contact Information of Local Health Department |
| <input type="checkbox"/> | <input type="checkbox"/> | Signature Blocks for Client and Body Artist |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of government issued ID requested |

Comments: _____

Client Evaluation

Yes **No**

- History of diabetes or any disorder or medication that affects the neurological or immune system in fighting infection
- Bloodborne conditions such as Hepatitis B, Hepatitis C, HIV
- History of hemophilia or any other blood clotting abnormalities
- History of skin disease, skin lesions, or skin sensitivities to soap, disinfectants, etc
- History of allergies or adverse reactions to pigments, dyes, or other skin sensitivities
- History of epilepsy, seizures, fainting, or narcolepsy
- The taking of medications such as aspirin or other anticoagulants (such as arfarin, Xarelto™, Plavix, Eliquis™, etc.) which thin the blood and or interfere with blood clotting;
- History of or suspicion of adverse reaction to latex or products containing latex
- History of keloid formation
- Client is pregnant or has been pregnant in the last 3 months
- Client has eaten in the last 4 hours
- Client is currently under the influence of alcohol or drugs
- Statement that says “Client should consult a physician prior to procedure if they have any concerns related to conditions”
- Statement that says “The health conditions listed may increase health risks associated with receiving a body art procedure.”
- Signature block and statement that says “Client refuses to disclose information listed.”

Comments: _____

Informed Consent

Yes **No**

- Client is voluntarily obtaining services of their own free will and volition
- Client has had the opportunity to read and understand the documents presented
- Client has the ability to ask questions about the procedure
- Client has received and understands written and verbal aftercare

Comments: _____

Written Aftercare Instructions

Yes **No**

- Include: what to do, what to avoid, suggested care solutions/balms cleaning instructions, and what to look for during healing process
- Advise client to consult a healthcare provider at first sign of infection
- Name, address, and phone number of both studio and Local Health Department

Comments: _____

Body Art Studio Minimum Design Standards (511-3-8-.09)

Check that the body art studio has the following:

Yes **No** **N/A**

- All work areas are separate from observers or visitors
- Floors are nonabsorbent and easily cleanable
- Work areas are able to provide privacy, if desired by a client, by means of a nonabsorbent curtain or similar approved partition
- Hand washing sink provided within 30 feet of each workstation in an unobstructed pathway or at the discretion of the Health Authority
- At least one service sink or one curbed cleaning facility equipped with a floor drain
- At least one restroom containing a toilet, handwashing sink, and self closing door
- Shelving, cabinets, or closed, sealable containers provided for the storage of equipment and supplies
- Separate containers for biomedical waste and general solid waste
- Sharps containers for disposing of needles
- Separate storage area for toxic items and cleaners
- Jewelry meets minimum standards outlined in 511-3-8-.04(45)
- Cassette autoclave used for point of use sterilization
- If body art procedures are conducted in an environment where air particulates are of concern, such as a hair salon or nail studio, floor to ceiling partitions are provided

Comments: _____

Cleaning/Sterilization Room (Skip if facility is 100% Disposable)

If the studio will be reusing certain pieces of equipment, they shall have a cleaning room used exclusively for the cleaning, disinfection, and sterilization of instruments. Check that the cleaning room has the following:

Yes **No**

- A separate stainless-steel instrument sink reserved only for instrument disinfection
- A separate hand sink reserved only for washing hands
- Equipped with an ultrasonic cleaning unit
- Equipped with a Class B or S medical grade autoclave or another approved autoclave
- Instrument sink, ultrasonic cleaning unit, and autoclave separated by a minimum distance of 48 inches unless using a splashguard approved by Health Authority
- Walls, floors, doors, windows, skylight, and other components are constructed of smooth, nonabsorbent, durable material and maintained in good repair
- The cleaning room is separated from any other area of the studio by means of doors nonabsorbent curtains, or similar approved partition extending from floor to ceiling or a height of eight feet and must be labeled to prevent clients from entering the room

Comments: _____

