



Body Art Establishment Plan Review Checklist

In accordance with section 3730.02 of the Revised Code, no person shall operate a business offering body art services without first obtaining approval of the board of health in the jurisdiction in which the business will operate. Operators planning on opening a Body Art Establishment in Clermont County must provide a copy of the following items and complete the questionnaire (pages #2 to #7 of this document) and submit it to CCPH, along with the appropriate fees for plan review and approval (see fee schedule):

1. A floor plan drawing (to scale) showing the total area to be used for the business (100 sq. ft. min.); area(s) used for body art services (36 sq.ft. min.); general layout of equipment; location of entrances/exits; hand washing sink(s); restroom facilities; storage areas; sterilization area(s); lighting plan; number, location and types of plumbing fixtures; including all water supply facilities.
2. Written verification from the zoning authority and building department that the proposed location has been zoned and approved for the business use.
3. Documentation of appropriate training in body art procedures (courses, seminars, apprenticeships, or other training).
4. Proof that all persons performing body art services for the business have received training in the following;
 - a. First aid;
 - b. Standard precautions for preventing transmission of bloodborne and other infectious diseases;
 - c. Appropriate body art aftercare.
5. A copy of your written infection prevention and control plan (IPCP) that you will maintain on the premises, review, and update as necessary. At a minimum, the plan should include the following:
 - a. Decontaminating and disinfecting environmental surfaces;
 - b. Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments;
 - c. Protecting clean instruments and sterile instruments from contamination during storage;
 - d. Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures;
 - e. Safe handling and disposal of needles;
 - f. A copy of aftercare guidelines. Per paragraph (A) of rule 3701-9-01 of the Administrative Code, the guidelines shall include, but not be limited to, information about physical restrictions, wound care, signs and symptoms of infection, and when to seek medical treatment, if necessary.

Note: CCPH has a sample IPCP that can be filled in with the information appropriate to your facility.
6. A copy of the written client consent form that you will require the patrons to complete. At a minimum, the consent form should include the following:
 - a. Patron's name;
 - b. Patron's address;
 - c. Date of the service;
 - d. Prompting for body artists to record color and manufacturer of all inks, dyes, or pigments used for each tattoo;
 - e. Prompting for body artists to record Jewelry used, including size, material composition and manufacturer for each piercing;
 - f. Placement of the procedure.
7. A sterilization log that includes the date, time, name of operator, and integrator indicator results (if applicable).
8. A biological indicator (spore test) log that includes the date, time, name of operator, and test results (if applicable). Also provide the name of the testing entity.
9. Minor consent forms to be used (if applicable).



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Instructions

1. Complete all applicable sections.
2. Sign and date the application.
3. Make a check or money order payable to: Clermont County Treasurer (Refer to fee schedule for plan review fee).
4. Return payment and signed application to: Clermont County Public Health, 2275 Bauer Rd, Suite 300, Batavia, OH 45103.

Important! *If building plan reviews are not required, plans and applications submitted to CCPH must include a written confirmation from the building department that the building plan review is not required. Should plumbing alterations or additions take place, a plumbing permit may be required by Clermont County Plumbing Division. Contact Clermont County Public Health at (513)732-7499 for details regarding plumbing permits.*

Owner Information

(On page #3 of this application, list ALL persons having an ownership interest of 5% or more in the Corporation or Association or Partnership)

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email:

Establishment Information

Please Select the Type of Establishment:

- New Construction Alteration/Existing Re-opening a closed establishment*

*Name of business under previous owner:

Types of Services Offered *(Check ALL that apply)*:

Tattoo

Body Piercing

Cosmetic/Micro-blading

Name:

Address:

City:

State:

Zip Code:

Square footage of establishment:

Phone number:

Email:

Anticipated construction start date:

Anticipated opening date:



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Name, Address and Phone Number of Corporation/Association/Partnership (If Applicable):

List ALL persons having an ownership interest of 5% or more in the Corporation/Association/Partnership

Name	Address	Phone Number

Anticipated hours of operation:

Mailing address for approval notification and license renewal (*check ONE of the following*):

- Owner Address/ Email
- Establishment Address/Email

List ALL body artists who have received adequate training and will be performing body art services in the body art establishment **Note: Include a copy of all training records**

Name	Type of Training			
	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Blood borne pathogen
	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Blood borne pathogen
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	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Blood borne pathogen



Body Art Establishment Plan Review Application

Compliance Questionnaire		Response	For Office Use Only Comments		
1.	Specify the total square footage of the area to be used for the business:				
2.	Specify the amount of floor space (per sq.ft.) available for each individual performing body art service:				
3.	Select the type of Body Art Service being offered (Check all that apply).	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Cosmetics/Micro blading			
4.	Provide a list of body art equipment to be used: (Include Name, Equipment Type, and Manufacturer)				
5.	Provide the name of the independent lab that you will use to conduct biological indicator test (if applicable):				
6.	Describe how and where sterilized equipment will be stored.				
7.	When shaving for body art is necessary, will disposable razors be used? <i>(If NO, describe your process in comments box)</i>	<table border="1"> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>				
8.	Number of handwashing sinks provided in the facility:				



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Compliance Questionnaire				Response	For Office Use Only Comments
9.	Will clean, previously unused gloves be provided for each body art procedure? <i>(If NO, describe your process in comments box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
10.	At least one area used for performing services must provide complete privacy upon patron's request. Provide details on how privacy will be achieved (ex. panel or doors)				
11.	Provide the finish material that will be directly under equipment used for body art. It must be impervious, smooth, and washable.				
12.	Provide finish materials for body art equipment, such as tables, armrests, etc. in procedure areas:				
13.	A minimum of at least 20 foot-candles of artificial light must be provided throughout the establishment. Please provide details on lighting in room and establishment.				
14.	A minimum of at least 40 foot-candles of artificial light be provided at all areas where body art services are performed. Provide details on if any additional lighting tools will be used. <i>(Light ring, etc.)</i>				
15.	Will animals other than patrol dogs accompanying security or police officers, guide dogs, or other support animals accompanying persons with disabilities be permitted in the body art establishment? <i>(If Yes, describe your policy in comments box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



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Compliance Questionnaire				Response	For Office Use Only Comments
16.	Will restrooms be available to body artists and patrons during regular business hours? <i>(Restrooms should be equipped with toilet, toilet paper installed in a holder, handwashing sink supplied with hot and cold running water, soap, and single-use towels or mechanical hand dryer).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
17.	Is your facility connected to a public water system? <i>(If you checked NO, provide a copy of Ohio Environmental Protection Agency (EPA) approval for your private water system).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Jurisdiction of Public Water:</i>	
18.	Sufficient and appropriate receptacles need to be provided for the disposal of refuse and single-use instruments. Provide details on receptacle locations. <i>(All receptacles should be provided with a lid).</i>				
19.	All waste items (including, but not limited to needles, razors, and other similar supplies) capable of causing lacerations or punctures be disposed of in accordance with the applicable standards of Chapter 3745-27 of the Ohio Administrative Code. Describe how sharps containers will be disposed.				

I hereby attest that, as the owner and operator of this body art establishment, I fully intend to comply with all requirements established by sections 3730.01 to 3730.11 of the Revised Code and the rules of Section 3701-09 of the Ohio Administrative Code.

Name	Signature	Date
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Body Art Establishment Plan Review Application

FOR OFFICE USE ONLY		
Date of Plans Received	Comment	Operator was informed of any concern/date of contact
Plan Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date of Plan Review Fee Payment:	Pre-licensing Inspection Completed:	Date of Approval:
Environmental Health Specialist Signature	Date	