



Body Art Establishment Plan Review Application

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 should provide a copy of the following items and complete the questionnaire (page #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.); 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 blood borne 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 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 which can be filled-in with the information that is appropriate to your facility.
6. A copy of written client consent form that you will require the patrons to complete. At 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.

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

Types of Services Offered <i>(Check ALL that apply):</i>	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
	<input type="checkbox"/> Cosmetics/Microblading	
Name		
Address		
City	State	Zip Code
Square footage		
Phone number		
Email		
Estimated construction start date		
Estimated opening date		
Estimated hours of operation		
Mailing address for approval notification and license renewal <i>(check ONE of the following):</i>		
<input type="checkbox"/> Owner Address/ Email		
<input type="checkbox"/> Establishment Address/Email		



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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

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"/> Bloodborne pathogens
	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogens
	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogens
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	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogens
	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogens



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Compliance Questionnaire			Additional Comments	For Office Use Only Sanitarian Comment
1.	Total area to be used for business.			
2.	Amount of floor space available for each individual performing body art service.			
3.	Type of Body Art Service that you are going to offer (Check all that applies). <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Cosmetics/Microblading			
4.	List the name of the independent lab that you will use to conduct biological indicator test			
5.	Describe how and where sterilized equipment will be stored.			
6.	When shaving for body art is necessary, will you use disposable razors? <i>(If NO, describe your process in comments box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.	Number of handwashing sinks provided in the facility			
8.	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"/>	



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Compliance Questionnaire				Additional Comments	For Office Use Only Sanitarian Comment
9.	Will at least one area used for performing services be separated from other areas and from waiting customers or observers by a panel or doors? <i>(If NO, describe your layout in comments box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
10.	Will the floor finish directly under equipment used for body art be impervious, smooth, and washable? <i>(If NO, describe your finishes in comments box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11.	Are the tables and other equipment constructed of smooth and easily cleanable material? <i>(If NO, describe your finishes in comments box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
12.	Will a minimum of at least 20 foot-candles of artificial light be provided throughout the establishment? <i>(If NO, describe your lighting method in comments box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
13.	Will a minimum of at least 40 foot-candles of artificial light be provided at all areas where body art services are performed? <i>(If NO, describe your lighting method in comments box)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
14.	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				Additional Comments	For Office Use Only Sanitarian Comment
15.	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"/>		
16.	Is your facility connected to the 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"/>		
17.	Will sufficient and appropriate receptacles be provided for the disposal of refuse and single-use instruments? <i>(All receptacles should be provided with a lid).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
18.	Will 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? <i>(If NO, describe your process to handle waste in comments box).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

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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FOR OFFICE USE ONLY		
Dates Plan Received	Comment	Operator was informed of any concern/Date of contact
Plan <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Sanitarian Signature		Date