



Body Art Plan Review Packet

The following are REQUIRED* to complete your review:

- ☐ Floor plan:
 - Floor plan must show location of all hand sinks, procedure rooms with measurements, sharps containers, trash receptacles, waiting area, separation walls, autoclave etc.
- ☐ Autoclave spec sheet, spore test (if applicable)
 - Specification sheet for autoclave and spore test
- ☐ Blood borne exposure control plan
 - Written procedure of how facility will react to a blood borne exposure event. Pre-written OSHA templates are accepted.
- ☐ Completed plan review packet (below) including attachments where required.
- ☐ Fee

*The plans will not be reviewed until the listed items are submitted.

This plan review will be viable for 12 months past the date of review. After the expiration date, a new plan review and the appropriate fee must be resubmitted.

FACILITY INFORMATION (PLEASE PRINT):

Establishment Name: _____

Establishment Address: _____

Mailing Address: _____

Establishment Phone Number: _____

Email Address: _____

OWNER INFORMATION (PLEASE PRINT):

Contact person: _____

Contact Email: _____

Contact Phone Number: _____

Owner Name: _____

Owner Address: _____

Owner Phone Number: _____

Owner Email: _____

Is this plan review for a new establishment or remodel of an existing establishment?

☐ New (\$125) ☐ Remodel (\$65)

A. Establishment Information

Will this establishment be permanent or mobile?

☐ Permanent ☐ Mobile

Will body art be practiced or performed on individuals under the age of 18 years?

☐ Yes ☐ No

Where will client records be kept?

B. Procedure Rooms

What is the size (square feet) of each procedure room?

Will adequate lighting be provided in each procedure room?

Will each artist be provided with a covered trash can?

How will biological/contaminated waste be discarded?

C. Water Supply and Sewage Disposal (Choose one):

Water Supply (Choose one):

☐ Public—Name: _____

☐ Private Well

Bacteriological Sample Date (required every 6 months): _____

Sewage Disposal (Choose one):

☐ Public—Name: _____

☐ Onsite Wastewater Treatment System (Septic system) Attach site map at end of form. System must be evaluated by an engineer to determine if additional capacity

is necessary. Letter from engineer must be attached at end of form. If additional capacity is required, a small wastewater permit is required.

D. Sterilization

What equipment will need to be sterilized?

Will an autoclave be used?

☐ Yes

☐ No

If not, will all equipment (needles, inks, razors, etc.) be disposable?

☐ Yes

☐ No

If using an autoclave for sterilization, what is the make and model of the Autoclave?

E. Equipment

Where will equipment be stored?

How will surfaces (chairs, tables, floors etc.) be cleaned and sanitized?

What type of measurable disinfectant and test strips will be used for sanitization?

What types of bandages will be used?

What single use items will be used (antiseptic wipes, razors, single use ink caps, etc.)

FACILITIES:

Room Name	Floors			Walls		Ceiling	
	Material	Finish	Cove	Material	Finish	Material	Finish
Waiting Area							
Procedure Rooms							
Storage Area							
Cleaning Room							
Restrooms							
Garbage & Refuse Area							
Other							

Type	Number of Fixtures	Location
Procedure Room Hand Sinks		
Bathroom Hand Sink(s)		
Mop Sink		
Equipment Cleaning Sink		

PLUMBING:

Attach:

- ☐ Blood borne pathogen exposure control plan
- ☐ Floor plan
- ☐ Autoclave spec sheet (if required)
- ☐ Septic system site map (if required)
- ☐ Engineer letter (if required)