



Division of Environmental Health
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BODY ART ESTABLISHMENT PLAN REVIEW WORK SHEET

The following are REQUIRED* to complete your review.

- ☐ Complete set of floor plans showing layout of establishment.
 - This layout should include the waiting area, procedure rooms, bathrooms, location of all hand sinks, sharps container, and equipment storage.
- ☐ Copy of Blood Borne Exposure Control Plan.
 - Can be written by applicant or submitted as a template filled out with specific facility information. An OSHA approved template can be provided. This template must be filled out with and returned with this application.
- ☐ If establishment will use an autoclave, include a copy of the autoclave spore test.
 - Autoclaves are required by all establishments unless all equipment is single use and disposable. Any equipment used more than once must be cleaned and sterilized using an autoclave.
- ☐ Copy of home care instructions to be given to clients
- ☐ Copy of client intake form to be completed before body art is performed or practiced on a client.

CHECK ONE:

- ☐ NEW ESTABLISHMENT \$277 + \$87/hour for additional time over 2 hours spent on plan review
- ☐ REMODEL \$190 + \$87/hour for additional time over 2 hours spent on plan review

NOTE:

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 will need to be resubmitted

FACILITY INFORMATION (PLEASE PRINT):

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT PHONE NUMBER: _____

PROGRAM INFORMATION:

CONTACT PERSON: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE NUMBER: _____

1. Will this establishment be: _____Permanent or _____Mobile
2. Will work be performed on any patron under the age of 18 years? ____Yes ____No If yes, what will be your procedure for verifying legal guardian/parent? _____

TRASH AREA

1. Will each artist area be provided with a covered trash can? ____Yes ____No
2. How will biological/contaminated waste be disposed of? _____

LIGHTING

1. Will adequate lighting be provided in each of the procedure rooms? ____Yes ____No

WATER SUPPLY, SEWAGE DISPOSAL, DRINKING WATER

Water supply (Choose one):

☐ Public-Name: _____

☐ Private Well
Bacteriological Sample Date (required every 6 months): _____
Nitrate Sample Date (required every 3 years): _____

Sewage Disposal (Choose one):

- ☐ Public—Name: _____
- ☐ Onsite Wastewater Treatment System (Septic system)— Provide location on site map. System must be evaluated by an engineer to determine if additional capacity is necessary. Letter from engineer must be attached. If additional capacity is required, a small wastewater permit is required.

PROCEDURE ROOMS

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

STERILIZATION

1. What equipment will need to be sterilized? _____
2. Will an autoclave be used? _____
 - a. If not, will all equipment (needles, inks, razors, etc.) be disposable?

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

RECORDS

1. Where will client records be kept?

EQUIPMENT

1. Where will equipment be stored? _____
2. How will surfaces (chairs, tables, floors etc.) be cleaned and sanitized? _____
3. What type of measurable disinfectant will be used? _____
4. Will the facility have test strips to measure disinfectant? _____
5. What types of bandages will be used? _____
6. What single use items will be used (antiseptic wipes, razors, single use ink caps, etc.)

FACILITIES (Finish schedule- Applicant must fill in materials i.e. quarry tile, stainless steel, FRP board etc.)

ROOM NAME	FLOORS			WALLS		CEILINGS	
	Material	Finish	Cove	Material	Finish	Material	Finish
WAITING AREA							
PROCEDURE ROOMS							
STORAGE AREA							
CLEANING ROOM							
RESTROOMS							
GARBAGE & REFUSE AREA							
OTHER							

PLUMBING

TYPE	NUMBER OF FIXTURES	LOCATION
PROCEDURE ROOM HAND SINKS		
BATHROOM HAND SINK(S)		
MOP SINK		
EQUIPMENT CLEANING SINK		