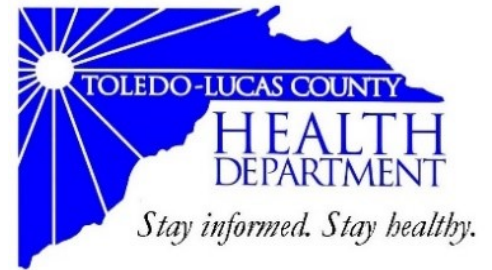




BODY ART ESTABLISHMENT TIME-LIMITED (TEMPORARY) EVENT APPLICATION



Toledo-Lucas County Health
Department

635 N. Erie Street

Toledo, OH 43604

Phone: (419) 213-4100 ext. 4

Fax: (419) 213-4141



BODY ART TIME-LIMITED EVENT APPLICATION

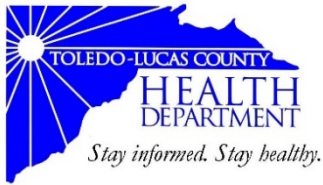
EVENT INFORMATION	
Temporary Event Name:	
Temporary Event Address, City, Zip:	
Event Start Date:	Event End Date:
Event Hours of Operation:	
Temporary Location: <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile Unit <input type="checkbox"/> Other (describe):	
Type of Service(s) Offered: <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Permanent Make-up/Microblading	

LICENSE HOLDER INFORMATION	
License Holder Name (for Temporary License):	
Address, City, State, Zip:	
Phone Number:	E-mail:

I certify that the application package submitted is accurate to the best of my knowledge and all the required materials have been provided. I hereby attest that I fully intend to comply with all requirements established by sections 3730.01 to 3730.11 of the Revised Code and section 3701-09 of the Ohio Administrative Code.

Signature of owner or representative:	Date:
Please print name & title here:	

INTERNAL USE ONLY Date Plans Received _____ Received By _____ Plan Review # _____ Date Plans Approved _____ Amount Paid _____	COMMENTS _____ _____ _____ _____ _____ _____
---	--



BODY ART TIME-LIMITED EVENT APPLICATION

List all persons having at least 5% or more ownership interest in the business.		
Name	Address	Phone

****PLEASE NOTE****

- Time-limited event plans shall be submitted to the Toledo-Lucas County Health Department for review a minimum of thirty (30) days prior to the event.
- Payment will be collected at time of plan submission. Payment is nontransferable and nonrefundable. Payment is not a guarantee of plan approval or receipt of license. It is the responsibility of the applicant to make sure plans are complete and meet all requirements outlined in the application.
- Applicant will be notified of plan approval or denial within fifteen (15) business days from plan submission to this department.
- If plan approval is received an inspection(s) will be conducted during the temporary event.
- The Toledo-Lucas County Health Department reserves the right to deny and/or revoke a license if sanitary body art requirements are not met at the time of the inspection.

Submit Plans to: Toledo-Lucas County Health Department
 Environmental Health Division
 635 N. Erie St.
 Toledo, OH 43604

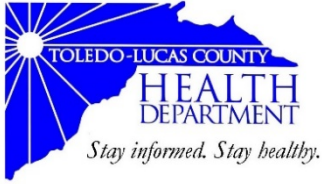
Questions? Phone: 419-213-4100 ext. 4

PLAN REVIEW COMPONENTS

The plans submitted to TLCHD must be legible, in English and include the following information. Lack of complete information may delay plan approval and/or the denial of a temporary license.

Please indicate that the following are included (x) or indicate if not applicable (N/A).

- Properly completed **application** (this document).
- Read Ohio Administrative Code (OAC) 3701-09 and Ohio Revised Code (ORC) 3730.02.
- Copy of current body art license**, if licensed by a health district outside of Lucas County.
- Temporary Facility Floor Plan**, drawn to scale, showing general layout of the fixtures, entrances/exits, and body art equipment (i.e. procedure chair, artist chair, lamp, trays, etc.). Be sure to also include:
 - Dimensions of areas to be utilized (minimum of 36 ft² per artist required).
 - Lighting plan (minimum of 40 foot candles on all work surfaces).
 - Location and types of plumbing fixtures (i.e. hand sinks, mop sinks, restrooms).
 - If sterilizing on-site include drawing of sterilization area (i.e. location of sink(s), autoclaves).
- Listing of all equipment** to be used at the event, include the manufacturer and model numbers. [See *Body Art Establishment Equipment List*]
- Description of the materials** used for the flooring, walls, countertops, and storage areas (all surfaces must be smooth, non-porous, and easily sanitized). [See *Body Art Establishment Interior Finishes List*]
- Listing of all body artists** who will work the event. [See *Body Art Establishment Body Artists List*]
- Documentation that all persons performing tattooing and/or body piercing have received **training** in:
 - Tattooing and/or body piercing
 - First aid
 - Universal precaution against blood borne pathogens
- Copy of **client consent forms** that include:
 - Date of service
 - Client's name, date of birth, and address
 - Placement of the procedure
 - Color, manufacturer, and lot number of each ink/pigment used for each tattoo performed
 - Jewelry used including size, material composition, and manufacturer for each piercing performed
- Copy of **minor consent forms** to be used (if applicable).
- Copy of the **aftercare instructions** you will be providing to your clients.
- Written **Infection Prevention and Control Plan** that includes, but is not limited to the following:
[See *Body Art Infection Prevention & Control Plan Guideline*]
 - Decontaminating and disinfecting environmental surfaces
 - Decontaminating, packing, sterilizing, & storing reusable equipment and instruments
 - Protecting clean instruments and sterile instruments from contamination during storage
 - Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures
 - Safe handling and disposal of needles
 - Aftercare guidelines
- Second copy of all submitted information that will be kept in a binder on-site during the temporary event.
- \$133.59 **Time-Limited Event fee**

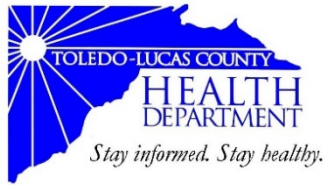


BODY ART ESTABLISHMENT INTERIOR FINISHES LIST

Please provide the following information for all interior finishes and attach it to your plans (unless the information is already included in plans). **Please note that all surfaces must be smooth, non-absorbent and easily cleanable.** Contact TLCHD if you have questions regarding whether specific surfaces are approved for use in a body art operation. List the material that will be used to provide a smooth and cleanable surface. Please explain abbreviations.

This information is included in plans submitted.

Room Name	Floors	Walls	Cabinets	Counter Tops
<i>Example: Procedure Area</i>	<i>Vinyl</i>	<i>Painted drywall</i>	<i>Laminate</i>	<i>Formica</i>



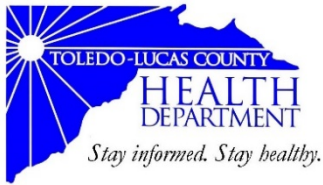
BODY ART ESTABLISHMENT EQUIPMENT LIST

Business Name:	
Address, City, State, Zip:	
Owner/Operator Name:	Business Phone:

Please provide a list of all body art equipment (i.e. tattoo/permanent make-up machine, autoclave, ultrasonic, disposable blades, ink brands used, etc.)

EQUIPMENT	MANUFACTURER	MODEL #
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		

Signature of owner or representative:	Date:
--	--------------



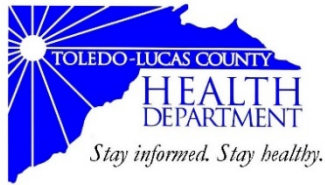
BODY ART ESTABLISHMENT BODY ARTISTS LIST

Business Name:	
Address, City, State, Zip:	
Owner/Operator Name:	Business Phone:

PRINT ARTIST NAME	ARTIST SIGNATURE	TRAINING
1)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
2)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
3)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
4)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
5)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
6)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
7)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
8)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
9)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
10)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
11)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
12)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
13)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen
14)		<input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> First Aid <input type="checkbox"/> Bloodborne pathogen

****Include a copy of each artist's training records with application.****

Signature of owner or representative:	Date:
--	--------------



BODY ART INFECTION PREVENTION and CONTROL PLAN GUIDELINE

In accordance with Ohio Administrative Code (OAC) Chapter 3701-9-02 (B)(8), a body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established practitioners, specifying procedures to achieve complete disinfection and decontamination of equipment and instruments, standard precautions and aseptic techniques, and safe handling of needles and other materials that may lead to the transmission of bloodborne and other infectious diseases.

The body art facility owner shall provide on-site training on the facility’s Infection Prevention and Control Plan to the body art practitioners and employees or individuals involved with decontamination and sterilization procedures. Training shall be provided when tasks where occupational exposures may occur are initially assigned, anytime there are changes in the procedures or tasks and when new technology is adopted for use in the body art facility.

The Infection Prevention and Control Plan shall be maintained current and updated whenever there are changes to any procedures or tasks listed and when new technology is adopted for use in the facility. Any updated copies of the Infection Prevention and Control Plan shall be submitted to the Toledo-Lucas County Health Department to be kept on file.

Please complete the following form as accurately and in as much detail as possible. Not all procedures inquired about in the following form will apply to all facilities, please indicate not applicable (N/A) when appropriate.

Facility Name:	
Facility Address, City, State, Zip:	
Type of Service(s) Offered: <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Permanent Make-up/Microblading	
Owner/Operator Name:	Business Phone:
Effective Date:	

****Use of this form is not required. A facility may submit an alternative Infection Prevention and Control Plan that meets the requirements of OAC 3701-9-01(B)(8).****

SECTION I: DECONTAMINATION AND DISINFECTING ENVIRONMENTAL SURFACES

Procedure Room Environmental Surfaces	Describe cleaning procedure, disinfectant used, and frequency of cleaning
Workstations/Counter Tops:	
Workstations chairs/Stools:	
Trays/Tables:	
Armrests/Headrests:	
Tattoo machine & clip cord:	
Reusable instruments (i.e. calipers, needle bars):	
Procedure area:	
Portable light fixtures:	
Permanent cosmetic machine:	
Other:	
Other:	

What hospital grade disinfectant will be used on surfaces?
What is the required contact time for this disinfectant to be effective against microorganisms?
List any other cleaning agents used in the facility:

Where will copies of the safety data sheets (SDS) for chemicals in the facility be stored?

****Only EPA registered disinfectants permitted for use within the facility****

Other Facility Environmental Surfaces	Describe cleaning procedure, disinfectant used, and frequency of cleaning.
Customer Waiting Area:	
Restrooms:	
Decontamination Room:	
Other:	

SECTION II: DECONTAMINATION, PACKING, STERILIZING, AND STORAGE OF REUSABLE EQUIPMENT AND INSTRUMENTS

If facility is solely using pre-packaged/pre-sterilized disposable equipment, skip this section.

Describe Personal Protective Equipment (PPE) used during cleaning and sterilizing process.
What enzymatic pre-cleaner will be used to remove all gross debris?
Describe the container and type of disinfectant used to fully submerge the equipment.
List make and model of ultrasonic cleaning unit used. List type of solution used with ultrasonic.
List make and model of autoclave(s) used by the facility.
Is the autoclave designed to sterilize hollow instruments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the autoclave have a mechanical drying cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the location of your decontamination room and sterilization equipment within the facility.
Which method will be used for autoclave to ensure that it sterilizes reusable equipment properly?
Color changing indicator on peel packs and sterilization integrator: <input type="checkbox"/>
Color changing indicator on peel packs and digital print out from sterilizer: <input type="checkbox"/>
Sterilization integrator strips or digital print outs are required for every load run in the autoclave
Describe the information entered on the sterilization log. (Logs must be maintained on file for at least 2 years and available upon inspection)
What is the protocol taken in the event of a failed sterilization cycle due to equipment malfunction, moisture in the pouch, pouch indicator, sterilization integrator strip, or digital printout indicates sterilization was not achieved?
A biological indicator (spore test) must be performed and submitted to an independent lab on a WEEKLY basis. (All test records must be maintained on file for at least 2 years and available upon inspection) What is the name of the independent lab being used for testing? What is the protocol the body art facility will take in the event of a failed indicator test?

Reusable Equipment	Describe cleaning procedure, disinfectant used, and frequency of cleaning.
Needle tubes:	
Forceps:	
Other instruments:	

SECTION III: PROTECTING CLEAN INSTRUMENTS AND STERILE INSTRUMENTS FROM CONTAMINATION DURING STORAGE

Describe how clean and sterilized instruments in peel packs will be stored in the facility to protect the packages from exposure to dust and moisture.
Describe procedure to be followed if a sterilized package has been compromised or is expired.
If sterilizing own equipment how long may equipment be kept before considered expired?
If disposable, single use, pre-sterilized equipment is used ensure an expiration date is provided on individual instrument packages and records of purchase are maintained. Where will records of purchase be maintained within the facility?

SECTION IV: ENSURING THAT STANDARD PRECAUTIONS AND ASEPTIC TECHNIQUES ARE UTILIZED DURING ALL BODY ART PROCEDURES

Describe location of sink(s) used for hand washing during a procedure.
What is the material of disposable gloves used during a procedure? Where are gloves located?
At what times will hands be washed and gloves changed throughout a procedure?
What marking instrument(s) are used for body art procedures?

Describe the process for preparing the skin prior to a procedure?	
<u>TATTOOING/MICROBLADING</u>	<u>PIERCING</u>
What antiseptic mouthwash will be used prior to a piercing?	
Where will mill certificates for jewelry be maintained within the facility?	
List types of jewelry composition to be used at facility for newly pierced skin.	
What antiseptic solution and single use material will be used to wash a completed tattoo?	
Describe procedure and materials used for bandaging skin after a procedure when applicable?	

Indicate what equipment will be covered during a procedure and what type of protective barrier will be used for each piece of equipment.	
Equipment	Barrier
Tray:	
Table:	
Chair:	
Tattoo Machine:	
Clip Cord:	

Power Supply:	
Squeeze Bottles:	
Lamp:	
Other:	
Other:	

SET UP PROCEDURE

Describe the procedure for setting up the workstation for the following procedures.

Tattooing:	
Microblading:	
Piercing:	

TEAR DOWN PROCEDURE

Describe the procedure for tearing down the workstation for the following procedures.

Tattooing:	
-------------------	--

Microblading:	
Piercing:	

SECTION V: SAFE HANDLING AND DISPOSAL OF NEEDLES

Disposal of waste items capable of causing lacerations or punctures (including, but not limited to needles, razors, and other similar supplies) shall be disposed of in accordance with OAC Chapter 3745-27: Solid Waste and Infectious Waste Regulations.

Describe the location(s) of sharps containers within the facility.
List all items that will be disposed of in sharps containers.
Describe how sharps containers will be disposed of when full. Provide name of collection service.
Describe where log of sharps generation and disposal will be maintained within facility.

SECTION VI: AFTERCARE GUIDELINES

Describe the written recommendation and care information provided to the client after a body art procedure.
List the type of bandages or wrapping provided after a body art procedure. (OAC Chapter 3701-9-02 (B) (8) (f))

AFTERCARE GUIDELINES (Describe the written recommended care information provided to the client after a procedure or attach copy of guidelines)

Maintain a copy of this completed document in your files. Submit one copy to the Toledo-Lucas County Health Department.

I hereby certify that all body art practitioners performing body art at this facility and employees or individuals involved with decontamination and sterilization procedures have been trained with the procedures and information contained in this document. To the best of my knowledge and belief, the statements made herein are correct and true.

Signature of owner or representative:	Date:
Please print name & title here:	