



## **TATTOO & BODY PIERCING PLAN REVIEW PACKET**

(For all operators opening a Tattoo & Body Piercing Establishments)

### **→ The following items must be checked off before plans can be submitted:**

- ☐ Completed plan review application questions packet (*Ensure all questions are answered or marked a N/A as appropriate*)
- ☐ Written verification from the zoning authority that the building is zoned properly for business
- ☐ Written verification from building authority that the building meets building code
- ☐ Written verification from plumbing department that the building meets plumbing code
- ☐ Approved water and sewer
- ☐ Facility Floor Plan drawn to scale with all necessary components
  - ☐ Total area to be used for business
    - ☐ Minimum of 100 square feet
  - ☐ Tattoo or body piercing rooms meeting the minimum of 36 square feet
  - ☐ General layout of fixtures and equipment
  - ☐ Entrances and Exits
  - ☐ Location and types of plumbing fixtures
  - ☐ Lighting Plan
- ☐ Listing of all interior finishes
- ☐ Mop sink in facility
- ☐ A handwashing sink located in each procedure room
- ☐ Each procedure room capable of providing privacy
- ☐ Listing of all equipment to be used, including the manufacturer and model numbers
- ☐ Proof of Education
- ☐ Proof of trainings for each artist:
  - ☐ Infectious disease control
  - ☐ Bloodborne pathogens
  - ☐ First aid
- ☐ Operator/Employee information
- ☐ Operator Statement of Attestation
- ☐ Consent document for a person under 18 years of age
- ☐ Aftercare guidelines
- ☐ Written infection and exposure plan. The following must be included in the written plan:
  - ☐ Decontaminating and disinfecting environmental surfaces
  - ☐ Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments
  - ☐ Protecting clean instruments and sterile instruments from contamination during storage
  - ☐ Ensuring that standard precautions and aseptic techniques are utilized
  - ☐ Safe handling and disposal of needles

### **→ After pre-operational inspection:**

- ☐ Submit payment of the license, along with the application filled out. Cash, credit cards, and checks are accepted. Make checks payable to Miami County Public Health
- ☐ The license will be issued upon completion of a satisfactory inspection

# **TATTOO & BODY PIERCING PLAN REVIEW PACKET**

## **When do I need a plan review?**

- ▶ Before opening a tattoo or permanent makeup establishment.
- ▶ Before opening a body piercing establishment.
- ▶ Before opening a combination tattoo/permanent makeup/body piercing establishment.
- ▶ Before changing ownership or license holder of a tattoo/permanent makeup/body piercing establishment.

## **What is the first thing I need to do?**

- ▶ Ensure that your proposed construction meets all applicable regulations and requirements for:
  - Building Department (937-440-8075)
  - Zoning Department (937-440-8111)
  - Plumbing Department (937-573-3504)
- ▶ Water and sewer must be public/municipal or approved by the Ohio EPA.
- ▶ Submit your plans well in advance of your construction – the plans are subject to change by the Miami County Public Health. This will help save you time, money, and the headache of changing your facility once construction has begun.

## **What is the basic procedure?**

- 1) Submit a layout of your proposed plans. Plans should include all items outlined in the “*Basic construction requirements*” section of this document. In addition to these items, you should include:
  - Total area of the establishment
  - Floor plan with entrances and exits, location of equipment, number, location, and types of all plumbing fixtures
  - General lighting plan
  - Equipment list including manufacturer, make, and model
- 2) Public Health will either approve or disapprove the plans within **thirty days**.
- 3) Changes or alterations must be submitted in writing.
- 4) Once plans are approved, you should begin work on your facility.
- 5) Submit all required certifications and paperwork (as outlined in this document).
- 6) Pay for a tattoo and/or body piercing approval at the Health Department once the pre-license inspection is complete. **The current fee is \$300.00 per year.**
- 7) Schedule a pre-licensing inspection with Public before opening the facility.
- 8) Approval to operate will be issued during the inspection pending compliance with all Ohio Administrative Code regulations governing tattoo and body piercing establishments.

## **What training must I have?**

- ▶ You must provide Miami County Public Health with proof of current training in the following
  1. Training in tattoo and/or body piercing – records of courses, classes, or seminars
  2. First aid (ex...Red Cross, etc)
  3. Infectious disease control
  4. Bloodborne pathogens
  5. First AID

## **What are the rules on ages of customers?**

- ▶ You should confirm the age of your customers with a valid identification.
- ▶ Customers age 18 or older are not required to provide parental permission.
- ▶ If customers are under the age of 18, both of the following requirements must be met:
  1. A legal parent, guardian, or custodian **must** sign a document provided by the establishment explaining how the procedure will be performed, on which part of the body the procedure will be performed and appropriate aftercare instructions.
  2. A legal parent, guardian, or custodian **must** appear in person at the business at the time the procedure is performed.
  3. No body art procedures performed on nipple, areola, or genital area of individual under age of 18.

## **What are the basic construction requirements?**

- ▶ The entire establishment must have a minimum total area of 100 square feet.
- ▶ Individual tattoo or body piercing rooms:
  1. Minimum of 36 square feet, with dimensions at least 6 feet by 6 feet.

2. Separate from each other and separate from the waiting room.
  3. Capable of providing complete privacy, with a panel or door, upon request.
  4. Must have a handwashing sink located in each of the tattoo or body piercing room(s) – equipped with hot and cold running water, liquid or granulated soap, and single-use paper towels.
  5. Maintained clean, sanitary, and in good repair at all times.
- ▶ Lighting:
    1. Rooms where tattooing and/or body piercing are taking place: minimum 40 foot-candles.
    2. Entire establishment: minimum 20 foot-candles at 30 inches above the floor.
  - ▶ Floors, walls, and ceilings must be impervious, smooth, and easily cleanable throughout the establishment.
  - ▶ Tables and work areas must be impervious, smooth, and easily cleanable.
  - ▶ Restrooms:
    1. Must be available and accessible to employees and customers during business hours.
    2. Must be located inside the establishment.
    3. Equipped with a toilet, toilet paper in a holder, lavatory with hot and cold running water, liquid or granulated soap, and single-use paper towels.
  - ▶ A mop sink must be installed in the establishment.
  - ▶ Waste disposal containers with lids:
    1. Non-hazardous trash container.
    2. Biohazard/Infectious solid waste container.
    3. Sharps container.

**What other information must I provide Public Health?**

- ▶ Completion of the attached forms: “Operator/Employee Information,” “Operator Statement of Attestation”
- ▶ Written statement of attestation by those offering tattooing and/or body piercing that they have had adequate training to competently perform services.
- ▶ A standard sanitary operating procedure (SSOP) outlining daily sanitizing activities.
- ▶ Written aftercare instructions.
- ▶ Written infection prevention and exposure control plan.

**What kind of record keeping do I have to maintain?**

- ▶ Weekly biological monitoring tests (maintained for two years) of heat sterilization devices (ex...autoclave) including a log of the tests performed, the person performing the tests, and what to do if a test fails.
- ▶ Record of all dyes and/or pigments used including the color, manufacturer, and lot number.
- ▶ Record of services to customers (maintained for two years):
  1. Name
  2. Address
  3. Date of service
  4. Colors & manufacturer of all inks, dyes, or pigment used in tattoo
  5. Jewelry used including size, material composition, manufacturer, and placement.
  6. Placement of the procedure
- ▶ Records of any infection or injury to employees or customers.
- ▶ Maintenance records on the autoclave steam sterilizer (maintained for 2 years).
- ▶ Records of date, time, person, and results of each autoclave use.
- ▶ List of all artists performing procedures.

**What are the minimum supplies for a tattoo establishment?**

- ▶ Liquid or granular soap
- ▶ Antiseptic solution
- ▶ Single-use disposable paper towels
- ▶ Single-use sanitary nitrile, disposable gloves
- ▶ Disposable razors
- ▶ All marking instruments are single use or sterilized by design
- ▶ Sterilized, single-use, disposable needles
- ▶ Clean & sterile disposable gauze, cotton balls or square, cotton swab
- ▶ Sterile petroleum jelly in a collapsible metal or plastic tube
- ▶ Single-use approved dye in individual containers
- ▶ Non-occlusive, sterile single-use dressings
- ▶ Non-allergenic tape

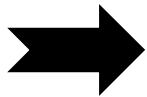
- ▶ Non-hazardous trash container
- ▶ Biohazard/Infectious solid waste container
- ▶ Sharps container

**What are the minimum supplies for a body piercing establishment?**

- ▶ Liquid or granular soap
- ▶ Single-use disposable paper towels
- ▶ Single-use sanitary disposable gloves
- ▶ Clean & sterile disposable gauze or cotton
- ▶ Single-use disposable cups
- ▶ Antiseptic solution
- ▶ Antiseptic mouthwash
- ▶ Single-use sterile needles
- ▶ Non-hazardous trash container
- ▶ Biohazard/Infectious solid waste container
- ▶ Sharps container
- ▶ Sterile jewelry meeting the following requirements: ASTM F136 compliant titanium or ASTM F138 compliant steel, solid 14 karat or 18 karat white or yellow gold, niobium, or platinum, shall be placed in a new piercing. Mill certificates for jewelry shall be maintained at the body art establishment.

**Keep in mind...**

- ▶ This document is designed to be a summary of the most common issues for planning a tattoo and/or body piercing establishment, or when changing ownership/license holder of an existing facility. The complete rules may be found in the Ohio Administrative Code 3701-9, available from the Miami County Public Health or at:  
<http://www.miamicountyhealth.net/#!environmental-health-tattoo-and-body/c1fev>
- ▶ All employees' nails must be kept clean and short at all times.
- ▶ If operating a hair salon and permanent makeup, the procedure rooms must be separated by walls and doors.
- ▶ You may not attempt to remove tattoo marks at any time.
- ▶ You may not use styptic pencils, solid styptics, or alum blocks to check for blood flow.
- ▶ You must inform us immediately of any injury or infection of employees or customers.
- ▶ All steam sterilizers body art establishments, shall be designed to sterilize hollow instruments and shall be equipped with mechanical drying cycle.



**Please complete the fillable information that is in the rest of the packet to the best of your ability. Please also attach procedures, spec sheets, and/or drawing if needed for proper descriptions.**

Establishment Information	
Name of Establishment:	
Mailing Address:	
City, State, Zip:	
Establishment Phone #	Applicant Phone #
Licensee	Email Address
I am applying for certification to operate a:	
Tattoo Establishment____ Body Piercing Establishment ____	
Hours of Operation	
Sunday	____ am to ____ pm
Monday	____ am to ____ pm
Tuesday	____ am to ____ pm
Wednesday	____ am to ____ pm
Thursday	____ am to ____ pm
Friday	____ am to ____ pm
Saturday	____ am to ____ pm
Comments:	
Artists	
List all artists that are performing procedures at establishment	
Artist Name	Type of Artist

## Training

How did you receive the training necessary to work with tattooing and body piercing? Describe below. Make sure to attach necessary records of courses, classes, or seminars.

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Please fill out the information below about the interior rooms and finishes included in the plans for construction. Make sure to attach a copy of the plans as well. All surfaces must be easy to clean and smooth.

Room Name	Floors	Walls	Ceiling	Lighting	Molding
<i>Example: Procedure</i>	<i>Quarry tile</i>	<i>Painted drywall</i>	<i>Vinyl acoustical tile</i>		

Please list all equipment that is being used to perform procedures such as piercing, tattooing, etc.

Equipment		
Equipment	Manufacturer	Model # (If Applicable)

Please list all benches, stools, chairs and work surfaces that are utilized in the establishment. All surfaces must be smooth and easily cleanable.

Item	Surface
Ex: Chair	Ex: Vinyl

List all supplies that are being utilized in the establishment. These should include the items listed in the minimum supplies for a tattoo establishment.

Supply List	
Supplies	Use/Function

Please list all dyes and/or pigments used. This information should include the color, manufacturer and lot number.

Dye/ Color Information			
Dye	Color	Manufacturer	Lot Number

Please fill out the below table concerning the disinfectants that are used at the establishment.

Disinfectants Chart	
Brand Name of Disinfectant	Active Ingredients

## **Procedures**

**Please complete the questions for the procedures that are listed below. If procedure does not apply to you write "N/A".**

**Tattoo/ Permanent Makeup/ Piercing:** Describe the equipment used and procedure for decontaminating instruments, tubes, and/or needles prior to placing in the autoclave. Indicate whether instruments are manually washed or cleaned in an ultrasonic, and what solutions are used to soak soiled instruments. Decontamination and sterilization shall be conducted in a separate room from the procedure room. A separate sink from the handwashing sink shall be used for decontamination and located in the vicinity of the decontamination area:

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**Piercing:** Describe the procedure for sterilization of jewelry prior to placing into newly pierced skin:

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**Sterilization peel packs for new jewelry and reusable instruments, tubes, needles:** Describe the procedure for labeling of sterilized peel packs to ensure the date, batch number and/or jewelry manufacturer is properly maintained with the item. Describe how jewelry can be traced back to the manufacturer, and how the Mill Certificate that comes from the manufacturer is maintained:

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**Protecting clean and sterile instruments during storage:** Describe the location sterilized instruments are stored to protect from environmental contamination:

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**Negative/Failed Spore Tests:** List the time, temperature and psi the autoclave you will be using requires for sterilization of instruments. (All autoclaves must have a drying cycle) Describe the procedure conducted when a monthly spore test has failed. Include in your procedure the removal of contaminated instruments and tubes in storage, and how to contact clients who may have been affected by the contaminated instruments due to the failed spore test:

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**Safe handling and disposal of needles:** Describe how you will dispose of needles & needle bars in the facility. List the type of trash receptacles and their location throughout the body art facility. Describe the procedure for the disposal of contaminated gloves, razors, gauze etc.

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**Record Keeping**

Record keeping: Describe how the information from the peel pack is recorded and maintained on the client's card. Describe where the ink lots and colors are recorded on the patron's card. Indicate where the size, material composition, and manufacturer of the jewelry is placed on the client's card for piercing. Describe the placement of the tattoo or piercing information on the patron's card.

Note: May attach client card

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Please attach a copy of the establishments written after care instructions or write them below:

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*Dennis R. Propes, RS, MPA*  
*Health Commissioner*

*James S. Burkhardt, DO*  
*Medical Director*

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## **Employee Information**

(Complete a separate sheet for each individual owner and employee – you may copy this sheet as needed)

### **Personal**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### **Business**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## **REQUIRED Evidence of Training**

(You must provide documented evidence of training for the following items – attach each document to this sheet)

- ✕ First Aid
- ✕ Body Piercing (if applicable)
- ✕ Tattooing (if applicable)
- ✕ Infectious Diseases
- ✕ Bloodborne Pathogens
- ✕ Written infection prevention and control plan
- ✕ Aftercare

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Statement of Attestation**

I \_\_\_\_\_ do hereby attest to comply with all requirements established by sections 3730.01 through 3730.11 of the Ohio Revised Code and the rules of this chapter.

Approval Holder Signature \_\_\_\_\_ Date \_\_\_\_\_