

BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

BUSINESS INFORMATION

Business Name _____

Business Address _____

Street

City

Zip

List all body art procedures performed. _____

OWNER INFORMATION

Owner Name _____ Phone Number _____

Owner Address _____

Street

City

State

Zip

Email Address _____

FACILITY INFORMATION

Provide floor plan drawn to scale (or dimensions provided) with all equipment, sinks, light fixtures included and identified.

Number of technician work stations _____ Sq. ft. per station (min.80ft² ea) _____

Describe how work stations are separated from each other and from other areas of the facility.

Number of hand washing sinks (excluding sinks in restrooms) _____

Work station isolated from public view for privacy? Yes No

Separate instrument cleaning/sterilization area provided? Yes No N/A (only single use instruments)

Floor construction material _____

Wall construction material and finish _____

Ceiling construction material and finish _____

Floor and wall junctures sealed with cove molding? Yes No

Exterior doors and restroom doors self-closing? Yes No

Surface finishes: Counters _____

Cabinets _____

Tables _____

Procedure chair/bench _____

Shelving _____

Other (specify) _____

Doors and windows used for ventilation screened? Yes No

EQUIPMENT INFORMATION

Reusable equipment used? Yes No

If Yes:

Number of instrument scrub sinks _____ Number of ultrasonic cleaning units _____

Number of steam/pressure autoclaves _____

Manufacturer and model _____

Current Spore Test? Yes No

Describe how sterilized instruments/equipment will be stored: _____

How will tattoo/piercing machines and connections be cleaned and disinfected or covered? _____

Waste containers with foot-pedal operated lids provided? Yes No

Approved sharps containers provided? Yes No

WATER SUPPLY SEWAGE/WASTE DISPOSAL

Municipal water _____ or Approved onsite well _____

Municipal sewage system _____ or Approved onsite sewage system _____

All sink fixtures plumbed with hot and cold running water? Yes No

Janitorial/mop sink provided? Yes No

How will medical waste (sharps containers) be disposed? _____

(Sharps containers should not be placed in dumpsters. The City of Casper has a Bio-Medical Waste Disposal Program that will properly dispose sharps containers. For information call 307-235-8246.)

GENERAL INFORMATION

Copy of current spore test _____

Copy of client information form provided for approval. _____

Copy of client health assessment questionnaire provided for approval _____

Copy of client after care instructions provided for approval _____

Technicians have current operator permits from Health Department? Yes No

Technicians have received Blood Borne Pathogen training in the past two years? Yes No

If yes provide a copy of the certificate.

Technicians have had Hepatitis B vaccination or have signed declination form? Yes No