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 □

Exposure and Infection Prevention Control Plan ***(multi-artist; any shop with two or more artists)***

Facility:

Address:

Phone Number Email:

Hours of Operation:

Contact Person:

Title: Cell Phone Number:

The following Exposure Control and Infection Prevention Plan (ECIPP) is provided to eliminate or minimize exposure to bloodborne pathogens and prevent infection of employees, apprentices, contractors, clients, and other patrons of the establishment in accordance with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens and the Casper-Natrona County Body Art Regulations Chapter 5, Section 5.01.

The ECIPP includes:

- Responsibilities
- Exposure determination
- Methods of implementation and control
- Procedures for disinfection
- Procedures for sterilization
- Employee medical requirements
- Training
- Universal Precautions

RESPONSIBILITIES

- *(Name of responsible person)* is (are) responsible for the implementation of the ECIPP.
- *(Name of responsible person)* will maintain, review, and update the ECIPP at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECIPP.
- *(Name of responsible person)* will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. *(Name of responsible person)* will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- *(Name of responsible person)* will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

- *(Name of responsible person or department)* will be responsible for training, documentation of training, re-training, Sharps Injury Log, records retention and making the written ECIPP available to employees, contractors, apprentices, and inspectors.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

JOB TITLE
(TATTOO ARTISTS, APPRENTICE, PIERCER, ETC.)

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

JOB TITLE	TASK/PROCEDURE
(SHOP MANAGER, APPRENTICE, JANITORIAL)	*(HANDLING*

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECIPP.

METHODS OF IMPLEMENTATION AND CONTROL

All employees will utilize universal precautions, i.e., all blood or other potentially infectious material (OPIM; saliva, vaginal secretions, semen, etc.).

Engineering Controls and Work Practices

Facility will use engineering and work practice controls to minimize exposure.

- A readily accessible hand-sink, stocked with hand soap and disposable towels, with hot and cold running water under pressure, will be available at all times and are located: _____
- Hand washing will be done as soon as feasible after removal of gloves and other PPE
- Contaminated needles and sharps will never be broken or recapped
- Contaminated sharps will be discarded immediately when it is safe to do so
- A rigid, puncture-resistant, leak proof sharps container with appropriate biohazard label will be within reach of operator and is located _____
- Sharps container will be closed, disposed of, and replaced whenever the fill line is reached or ¾ full by *(Responsible person)*
- Eating, drinking, smoking, vaping, applying cosmetics, contact lens, or lip balm will not be done in work areas when there is a reasonable likelihood of occupational exposure

- Food, drink, etc. will not be kept where blood or OPIM may be present
- All body art procedures will be performed in such a manner to minimize splashing, spraying, spattering, and generation of droplets
- Any biohazardous waste or material saturated with biohazardous waste (blood, OPIM) will be placed in a red bag with appropriate biohazard label, if the material releases waste when compressed
- If the red bag is contaminated or compromised, the package must be placed into an additional red bag.
- Red bag and sharps containers are to be disposed of at *(landfill via appointment or contracted pick-up, Stericycle, etc.)* and never disposed of in the regular trash
- Single-use disposable equipment will be used whenever possible and will include the following items: *(list disposable items: gauze, Saniderm, paper towels, swabs, marking pens).* Single-use, disposable equipment will never be used between clients.
- Inks, ointments, *(etc.)* will be portioned out and dispensed prior to procedure and containers will not be placed in contaminated areas ever.
- Workstation set-up, skin preparation, tear-down, and bandaging will be done in a consistent manner following aseptic technique to prevent the spread of infections.
    - Station set-up will be done as follows: *(Describe station set-up)*
    - Skin preparation will be done as follows: *(Describe skin preparation)*
    - Station tear-down will be done as follows: *(Describe station tear-down)*
    - Bandaging will be done as follows: *(Describe bandaging)*

This facility identifies the need for changes in engineering control and work practices through *(Examples: Review of OSHA records, employee interviews, committee activities, etc.).* We evaluate new procedures or new products regularly by: *(Describe the process, literature reviewed, supplier info, products considered).* Both front line workers and management officials are involved in this process: *(Describe how employees will be involved).*

(Name of responsible person) will ensure effective implementation and training of these recommendations.

PPE is provided to our employees at no cost to them. Training is provided by __ *(Name of responsible person)* in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows: __ *(Ex., gloves, eye protection, etc. Include protection available for sterilization area such as eye protection, aprons, masks.)* _____

PPE is located ____ *(List location)* _____ and may be obtained through_ *(Name of responsible person) (Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.)*

In the event any clothing or other garment is saturated with blood or OPIM, the garment will be removed as soon as feasible and placed into a red bag for decontamination.

Procedures for Decontaminating and Disinfecting Environmental Surfaces

(Name of responsible person) will ensure the work area is maintained in a clean and sanitary condition.

The following environmental surfaces are subject to contamination with blood and other OPIM. Surfaces will be covered with an impermeable barrier prior to procedure and will be disinfected after every procedure or as often as necessary:

Environmental Surface	Disinfectant	Procedure and Frequency
(Tattoo machine, trays, armrests, bottles)	*(Must be EPA-registered tuberculocidal disinfectant)*	*(Remove and dirt or debris, spray or wipe surface, maintain contact time, etc.)*

All surfaces listed above will be inspected by operator before and after procedure to determine if the surface is compromised. Any surfaces suspected of being compromised will be replaced.

Procedures for Sterilization *(necessary for reusable instruments)*

Any instruments used for body art procedures must be either single-use disposable or thoroughly cleaned and sterilized.

List reusable equipment: *(forceps, clamps, calipers, etc.)*

Instruments will be cleaned prior to sterilization in the following manner:*(soaked in enzymatic pre-cleaner, rinsed, dried, placed in an ultrasonic, packaged with lot number and date, etc.)*

Ultrasonics must be maintained and operated per manufacturer's instructions.

Instruments will then be sterilized in the following manner:*(clean instruments placed in the open position inside peel packs, Class 5 Integrator placed in load, sterilization log filled out, date peel packs, etc.)*

(Name of responsible person) will inspect every load for the following to ensure the cycle was properly ran: *(Class 5 integrator, temperature, psi gauges, moisture in peel packs, etc.)*

(Name of responsible person) will ensure instruments are stored in covered, dry containers and that dates are checked on sterilized instrument packs *(frequency)* and re-sterilize all instruments every 6 months.

(Name of responsible person) will conduct spore testing or biological monitoring on a monthly basis. If a positive spore test occurs, follow the procedure below:

(a) In the sterilization log, document procedures taken to remedy the situation.

(b) Remove the autoclave from service and review sterilization procedures (e.g., work practices and use of mechanical and chemical indicators) to determine whether operator

error could be responsible for the positive spore test.

(c) Recall, to the extent possible, and reprocess all items processed since the last negative spore test in a separate autoclave that has negative spore test results.

(d) Retest the autoclave by using spore tests, mechanical, and chemical indicators after correcting any identified procedural problems.

(e) If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, put the autoclave back in service.

(f) The following are required if the repeat spore test is positive:

(i) Do not use the autoclave until it has been inspected or repaired and the exact reason for the positive test has been determined. This work should be done by a factory authorized service professional, who is certified to repair and maintain the specific autoclave that is being worked on.

(ii) An autoclave shall pass a spore test before being put back into service after repairing or relocating.

(g) Maintain sterilization records (i.e., sterilization cycles, maintenance, and spore tests) in accordance with these Regulations.

In the event the autoclave malfunctions or a spore test is positive *(will switch to all disposable equipment, obtain a tested loaner autoclave from service company)*.

Personal Protective Equipment (PPE) used in cleaning, disinfection, and sterilization processes:*(gloves, utility gloves, face shield, apron, etc.)*

All maintenance, cycles, and testing will be documented in the sterilization log

Sterilized equipment will be stored: *(location).*

Operators' manuals for autoclaves, instrument washer, or ultrasonic will be stored _____.

EMPLOYEE MEDICAL REQUIREMENTS

Medical records include *(vaccination records, declination forms, sharps injury and exposure Log)* and are stored_____. Records are required to be stored for 30 years and kept confidential.

HEPATITIS B VACCINATION

(Name of responsible person) will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at *List location or person responsible for this recordkeeping)*.

Vaccination will be provided by __ *(List Health care Professional who is responsible for this part of the plan) at (location).*

POST-EXPOSURE EVALUATION AND FOLLOW-UP

For an exposure:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, and skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Seek medical treatment

Should an exposure incident occur, contact ____ *(Name of responsible person)* at the following number: _____.

After first aid, *(Name of Responsible Person),* will complete the Sharps Injury and Exposure Log.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

(Name of responsible person or department) _____ will review with staff the circumstances of all exposure incidents to determine if procedures, training, and work practices are sufficient, and what revisions are to be made.

If it is determined that revisions need to be made, __ *(Responsible person or department)* _____ will ensure that appropriate changes are made to this ECIPP and trains staff, documenting the training in the log. *(Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)*

EMPLOYEE TRAINING

(Attach ECIPP Training Log and each employee's bloodborne pathogen training when hired and every year after.)

Exposure and Infection Prevention Control Plan ***(single artist shop only)***

Facility:

Address:

Phone Number: Email:

Hours of Operation

Operator:

The following Exposure Control and Infection Prevention Plan (ECIPP) is provided to eliminate or minimize exposure to bloodborne pathogens and prevent infection of employees, apprentices, contractors, clients, and other patrons of the establishment in accordance with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens and the Casper-Natrona County Body Art Regulations Chapter 5, Section 5.01.

The ECIPP includes:

- Responsibilities
- Exposure determination
- Methods of implementation and control
- Procedures for disinfection
- Procedures for sterilization
- Employee medical requirements
- BBP training
- Universal Precautions

RESPONSIBILITIES

(Your name) is responsible for the following:

- Ensuring the implementation of the ECIPP
- Reviewing ECIPP annually
- Updating ECIPP annually to include any modifications to tasks and procedures
- Ensuring any contractors or apprentices comply with the ECIPP
- Maintaining necessary Personal Protective Equipment
- Maintaining bio-hazardous disposal methods
- Ensuring all medical actions required are performed
- Making ECIPP available to contractors, apprentices, or inspectors as needed

EMPLOYEE EXPOSURE DETERMINATION

(Your name), will be subjected to occupational exposure to bloodborne pathogens when carrying out job duties.

(An apprentice may be subjected to occupational exposure through the following duties:

Janitorial staff may be subjected to occupational exposure through the following duties:

List other staff, contractors, or part-time employees and job duties as needed.)

METHODS OF IMPLEMENTATION AND CONTROL

Operator *(, apprentice, or contractors)* will utilize universal precautions, i.e., all blood or other potentially infectious material (OPIM; saliva, vaginal secretions, semen, etc.) will be treated as if they are infectious.

Facility will use engineering and work practice controls to minimize exposure.

- A readily accessible hand-sink, stocked with hand soap and disposable towels, with hot and cold running water under pressure, will be available at all times
- Hand washing will be done as soon as feasible after removal of gloves and other PPE
- Contaminated needles and sharps will never be broken or recapped
- Contaminated sharps will be discarded immediately when it is safe to do so
- A rigid, puncture-resistant, leak proof sharps container with appropriate biohazard label will be within reach of operator and is located _____*(where in work areas)*_____
- Sharps container will be closed, disposed of, and replaced every whenever the fill line is reached or the container is ¾ full.
- Eating, drinking, smoking, vaping, applying cosmetics, contact lens, or lip balm will not be done in work areas when there is a reasonable likelihood of occupational exposure
- Food, drink, etc. will not be kept where blood or OPIM may be present
- All body art procedures will be performed in such a manner to minimize splashing, spraying, spattering, and generation of droplets
- Any biohazardous waste or material saturated with biohazardous waste (blood, OPIM) will be placed in a red bag with appropriate biohazard label, if the material releases waste when compressed
- If the red bag is contaminated or compromised, the package must be placed into an additional red bag.
- Red bag and sharps containers are to be disposed of at *(landfill via appointment or contracted pick-up, Stericycle, etc.)* and never disposed of in the regular trash
- Single-use disposable equipment will be used whenever possible and will include the following items: *(list disposable items: gauze, Saniderm, paper towels, swabs, marking pens).* Single-use, disposable equipment will never be used between clients.
- Inks, ointments, *(etc.)* will be portioned out and dispensed prior to procedure and containers will not be placed in contaminated areas ever.
- Workstation set-up, skin preparation, tear-down, and bandaging will be done in a consistent manner following aseptic technique to prevent the spread of infections.
    - Station set-up will be done as follows: *(Describe station set-up)*
    - Skin preparation will be done as follows: *(Describe skin preparation)*
    - Station tear-down will be done as follows: *(Describe station tear-down)*
    - Bandaging will be done as follows: *(Describe bandaging)*

(Your name) will review and update engineering controls and work practices annually by reviewing sharps injury logs, obtaining feedback from apprentices or contractors, and researching best practices for minimizing exposure.

(Your name) will supply and utilize PPE including gloves, *(list other PPE as necessary; include any PPE used in sterilization area such as eye protection, apron, etc.)* whenever there is the likelihood of occupational exposure including set-up, marking, skin preparation, during procedure, bandaging, and clean-up. PPE will be provided and used by apprentices and contractors as needed. Hands will be washed immediately after removal of PPE as soon as it is feasible. PPE will be discarded in the work area in a red bag if PPE is saturated and in a lined waste container if not saturated. In the event PPE is compromised, gloves torn or punctured, the PPE will be removed and replaced. Disposable PPE will not be washed or decontaminated for re-use.

In the event any clothing or other garment is saturated with blood or OPIM, the garment will be removed as soon as feasible and placed into a red bag for decontamination.

PROCEDURES FOR DISINFECTION

(Your name) will ensure the work area is maintained in a clean and sanitary condition.

The following environmental surfaces are subject to contamination with blood and other OPIM. Surfaces will be covered with an impermeable barrier prior to procedure and will be disinfected after every procedure or as often as necessary:

Environmental Surface	Barrier Type	Disinfectant	Procedure and Frequency
(Tattoo machine, trays, armrests, bottles etc.)	*(Plastic wrap, dental bib, machine bag)*	*(EPA-registered, tuberculocidal disinfectant)*	*(Remove and debris; spray or wipe surface, maintain visibly wet for contact time, etc.)*

All surfaces listed above will be inspected by operator before and after procedure to determine if surface is compromised. If surface is suspected to be compromised, it must be replaced.

PROCEDURES FOR STERILIZATION (*necessary for reusable instruments*)

List reusable equipment: *(forceps, clamps, calipers, etc.)*

Prior to sterilization reusable instruments will be cleaned as follows:*(soaked in enzymatic pre-cleaner, placed in an ultrasonic, etc.)*

Instruments will then be sterilized in the following manner:*(clean instruments placed in the open position inside peel packs, Class 5 Integrator placed in load, sterilization log filled out, date peel packs, etc.)*

(Your name) will inspect every load for the following to ensure the cycle was properly ran: _ *(Class 5 integrator, temperature, psi gauges, moisture in peel packs, etc.)*

(Your name) will check dates on sterilized instrument packs *(frequency)* and re-sterilize all instruments every 6 months.

(Your name) will conduct spore testing or biological monitoring every month to ensure that sterilization is occurring. If a positive spore test occurs the following procedure will be carried out:

(a) In the sterilization log, document procedures taken to remedy the situation.

(b) Remove the autoclave from service and review sterilization procedures (e.g., work practices and use of mechanical and chemical indicators) to determine whether operator error could be responsible for the positive spore test.

(c) Recall, to the extent possible, and reprocess all items processed since the last negative spore test in a separate autoclave that has negative spore test results.

(d) Retest the autoclave by using spore tests, mechanical, and chemical indicators after correcting any identified procedural problems.

(e) If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, put the autoclave back in service.

(f) The following are required if the repeat spore test is positive:

(i) Do not use the autoclave until it has been inspected or repaired and the exact reason for the positive test has been determined. Work will be done by: *(a factory authorized service professional, who is certified to repair and maintain the specific autoclave that is being worked on)*.

(ii) An autoclave shall pass a spore test before being put back into service after repairing or relocating.

(g) Maintain sterilization records (i.e., sterilization cycles, maintenance, and spore tests) in accordance with these Regulations.

In the event the autoclave malfunctions or a spore test is positive *(will switch to all disposable equipment, obtain loaner autoclave from service company)*.

Personal Protective Equipment (PPE) used in cleaning, disinfection, and sterilization processes:*(gloves, utility gloves, face shield, apron, etc.)*

All maintenance, cycles, and testing will be documented in the sterilization log.

Sterilized equipment will be store in:
_____.

Operators' manuals for autoclaves, instrument washer, or ultrasonic will be stored _____.

EMPLOYEE MEDICAL

Medical records include *(vaccination record, declination form, sharps injury and exposure Log)* and are stored_____. *(If any apprentices or contractors are employed, records must be stored for 30 years and kept confidential).*

HEPATITIS B VACCINATION

(Hepatitis B vaccinations, booster, or declination forms are to be completed and stored with medical records)

POST-EXPOSURE EVALUATION AND FOLLOW-UP

For an exposure:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, and skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Seek medical treatment

After first aid, the Sharps Injury and Exposure Log will be completed and the circumstances of all exposure incident reviewed to determine if procedures, training, and work practices are sufficient, and what revisions are to be made. Operator will implement any revisions necessary and record changes to ECIPP.

TRAINING

(Include any apprentices or contractors. Attach annual bloodborne pathogen training certificate. Attach training log for ECIPP. Training log is to be filled out annually and during initial training if employing an apprentice or contractor).

Sterilization Log

Date	Cycle #	Contents	Operator	Time	Temperature	PSI	Notes

Procedure Information

Date: _____Time: _____

Client Name: _____ Client DOB: _____

Client Address: _____

Client Phone Number: _____

General Description of Procedure: *(tattoo design, piercing, location)* _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Complications and action taken: *(allergic reaction, fainting, injury)* _____

_____

_____

_____

_____

_____

Technician: _____

Signature: _____

Body Art Facility Name, Address, Phone Number

Informed Consent, Health Disclosure, and Release

Client Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact Name and Phone Number: _____

Attach a copy of Identification; parent or guardian ID is required for minors

Procedure Performed: _____

Health Disclosure

Answer the following questions to the best of your ability. **You must consult a physician prior to the procedure if you have any concerns about any of the questions below**:

Have you eaten within the past 4 hours? _____Yes _____No

Are you under the influence of drugs or alcohol? _____Yes _____ No

Have you infested anticoagulants, antiplatelet drugs, or NSAIDS (aspirin, ibuprofen, etc.) in the last 24 hours? _____Yes _____No

Have ingested any medication that can inhibit the ability to heal a skin wound? _____Yes _____No

Do you have any allergies or adverse reactions to dyes, pigments, latex, iodine, or other such products? _____Yes _____No

Do you have hemophilia, epilepsy, a history of seizure, fainting, narcolepsy, or other conditions that could interfere with the body art procedure? _____Yes _____No

Do you have a history of any diseases, including skin diseases that might inhibit the healing of the body art procedure? _____Yes _____ No

Do you have any communicable diseases that could be transferred to another person during the procedure? _____Yes _____No

Do you have diabetes, high blood pressure, heart condition, heart disease, or any other conditions that could interfere with the body art procedure? _____Yes _____No

Are you or have you been pregnant within the last 3 months?

Risk Notification

By initialing the following statements, I acknowledge that I am aware of the risks of body art procedures:

_____ Body art can cause swelling, bruising, discomfort, bleeding, and pain.

_____ Body art can cause allergic reactions.

_____ Body art can cause irreversible changes to the human body.

_____ Body art has a risk of infection.

Informed Consent

I, __ *(Name of Client or Parent/Guardian)* consent to receive a body art procedure at __ *(Name of Facility)* ____ and affirm the following:

_____I am voluntarily obtaining services of my own free will and volition,

_____I had the opportunity to read and understand the Risk Notification, Health Disclosure, and Informed Consent,

_____ I had the ability to ask questions about the body art procedure, and

_____ I have received and understand the written and verbal aftercare instructions.

Signed: _____ Dated: _____

CASPER-NATRONA
COUNTY HEALTH DEPARTMENT
prevent promote protect

This facility is licensed and inspected by the Casper-Natrona County Health Department. A copy of the Body Art Regulations must be provided to you by the body art facility if you request it. You may make a complaint regarding health, safety, and sanitation by contacting 307-235-9340. Complaints may also be submitted at casperpublichealth.org.

Casper-Natrona County Health Department Environmental Health Division 475 S. Spruce St. Casper, WY 82601

Casper-Natrona County Health Department Environmental Health Division
475 S. Spruce St. Casper, WY 82601
307-235-9340 casperpublichealth.org

Body Art

Complaint of Injury

Date of Incident: _____ Time of Report: _____

Name of Facility: _____

Name of Technician: _____

Address of Facility: _____

Phone Number of Facility: _____

Name of Client: _____ Date of Birth: _____

Address: _____

Phone Number of Client: _____

Date of Incident: _____ Time:
_____

Describe the procedure that was performed:
_____
_____

Describe the injury:
_____
_____
_____
_____
_____
_____

Did client seek medical treatment? ____Yes ____ No If yes describe:
_____
_____
_____

CNCHD Use Only

Follow-Up Action:
_____
_____
_____
_____
_____
_____

Signature: _____ Date:
_____

Personnel Log

Attach copies of employee identification

Name	Job Title	Duties	Date of Employment	Date of Birth	Address	Phone Number	Email Address

Training Log

Attach employee bloodborne pathogen certificates

Name	Date	Training Type	Number of Hours	Signature

Apprenticeship Agreement

Date: _____ Facility: _____

Name of Apprentice:
_____

Mentor:
_____

Hours:
_____

Tasks:
_____
_____
_____
_____
_____
_____
_____
_____
_____

Apprentice Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

Sharps Injury and Exposure Log

Establishment/Facility Name: _____

Date	Device	Location of facility where injury occurred	Description of how incident occurred (i.e., what procedure was being done, body part injured)

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

Signed*: __ (Employee Name)* _____

Date: _____

Exposure and Infection Prevention Control Plan (ECIPP) Annual Review

Date of Review	Changes