CHECKLIST FOR OPENING A BODY ART ESTABLISHMENT

Please submit plans and specifications to the Health Department for review and approval prior to opening.

Each body art technician must obtain a Technician Permit from the Health Department (5.0 B)
Submit a scale drawing and floor plan of the proposed facility and pay plan review fee (6.1)
  o The plans should include the following:
    □ Construction material and color of walls, floors, and ceilings (6.2)
    □ Square footage of each body art station (6.4)
    □ The brightness of light sources and locations (6.5)
    □ Ventilation provided in the facility (6.5)
    □ Locations of all hand washing sinks (6.7)
    □ Location and size and type of hot water heater(s) (6.7)
    □ Location of all waste receptacles (6.8)
    □ Location of storage for all instruments and supplies (6.9)
    □ Location of toilet room and separate hand washing sink (rest room must have a self-closing door) (6.7)
Submit a pest management plan for the facility (6.3)
Submit sample of written public educational information to be given to clients for aftercare (7.1)
Submit sample Medication Questionnaire and Release Form to be reviewed and signed prior (8.1-2)
Submit sample Body Art Performance Record including the following (and a storage plan for 3 years): (8.3, 9.1)
  o Name of client
  o Date of birth of client
  o Address of client
  o Date of procedure
  o Name of operator
  o Type and location of procedure
  o Signature of client
    □ If the client is a minor, proof of parental or guardian presents and consent
Submit a written sanitation and sterilization plan covering all reusable instruments, cleaning steps, instrument dating (11.0)
  o If using an autoclave or dry heat sterilizer include:
    □ Location
    □ Make and model
    □ Sterilization/spore testing plan
Submit a list of all inks pigments, needles and other equipment used including manufacture and model numbers (11.7)
Submit written plan detailing how contaminated waste will be disposed of including all items soiled with bodily fluids and all sharps (13.9)
APPLICATION TO OPERATE A BODY ART ESTABLISHMENT

Please submit plans and specifications to the Health Department for review and approval prior to opening.

Date:_____________________________

Name of Applicant:___________________________________________________________ Phone: (_______)_______________________________

Address:_____________________________________________________________________________________________________________________

Name of Business:____________________________________________________________ Phone: (_______)_______________________________

Address of Business: __________________________________________________________________________________________________________

______ Corporation _____ Individual ______ Legal Owner ______ Owner Operator ______ Partnership

Names of all employees and their exact duties (any changes require Health Department notification):
1.__________________________________________________  ________________

2.__________________________________________________  ________________

3.__________________________________________________  ________________

4.__________________________________________________  ________________

5.__________________________________________________  ________________

Complete description of all body art services to be provided:_______________________________________________________________

__________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

________________________________________________________________________________________________

The Southwest Utah Public Health Department’s Body Art Regulation has been reviewed. All procedures and techniques utilized in our business operation meet or exceed those requirements. Furthermore, we have reviewed the Body Art Regulations of the Southwest Utah Public Health Department and agree to comply with those requirements.

Signature of Facility Applicant:_______________________________________________  ________________ Date:______________________________

A Health Inspection of your Establishment is required prior to opening. It is your responsibility to contact the Health Department when you are ready for you Pre-Opening Inspection. All Body Art Technicians are required to have a Body Art Technician License issued by the Southwest Utah Public Health Department.

Office Use Only

Signature of Health Department Inspector:______________________________ Date:______________________________

Approved:□ Rejected: □

Fees Received: $_____________________  ________________

Initials