



## 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 artist must obtain a Body Artist Permit from the Health Department
- Submit a scale drawing and floor plan of the proposed facility and pay plan review fee. The plans should include the following:
  - Construction material and color of walls, floors, and ceilings
  - The brightness of light sources and locations
  - Ventilation provided in the facility
  - Locations of all hand washing sinks
  - Location and size and type of hot water heater(s)
  - Location of all waste receptacles
  - Location of storage for all instruments and supplies
- Location of toilet room and separate hand washing sink (door must be self-closing)
- Submit a pest management plan for the facility
- Submit sample of written public educational information to be given to clients for aftercare
- Submit sample Medication Questionnaire and Consent Form
- Submit sample Body Art Performance Record including the following (and a 3 year storage plan):
  - Name of client
  - Date of birth of client
  - Address of client
  - Date of procedure
  - Name of operator
  - Type and location of procedure
  - Signature of client
- Submit sample Proof of Parental/Guardian Consent and Presence Form
- Submit a written sanitation and sterilization plan covering all reusable instruments, cleaning steps, instrument dating
- If using an autoclave or dry heat sterilizer include:
  - Location of autoclave/sterilizer and ultrasonic cleaner/automated instrument washer, and instrument washing sink
  - Make and model of autoclave/sterilizer and ultrasonic cleaner/automated instrument washer
  - Spore testing plan
- Submit a list of all inks, pigments, needles, anesthetics, disinfectants, and other equipment used including manufacturer and model numbers
- Submit written plan detailing how contaminated waste will be disposed of including all items soiled with bodily fluids and all sharps



## 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: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Name of Business: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_  
City State Zip

Business Email Address: \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_