



CHECKLIST FOR OPENING A BODY ART FACILITY

*Please submit plans and specifications to the Health Department for review and approval prior to opening.
INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED*

- 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 and floors
 - Location and material of all furniture, including tattoo chairs/beds
 - Location of light sources
 - Ventilation provided in the facility
 - Location of all hand washing sinks
 - Location, size, and type of water heater(s)
 - Location of all waste receptacles
 - Location of storage for all instruments and supplies
 - Location of toilet room with hand washing sink (door must be self-closing)

- Submit a pest management plan for the facility

- Submit plans detailing how contaminated waste will be disposed of, including all items soiled with bodily fluids and all sharps

- Submit a cleaning and disinfection plan for all utilized surfaces, floors, and reusable equipment that cannot be autoclaved (e.g. tattoo machine, work tray, squeeze bottles, etc.)

- Submit a list of all inks, pigments, needles, topical anesthetics, disinfectants, and other equipment used, including manufacturer and model numbers. A comprehensive list of all jewelry is not needed, however manufacturer and material information is required

- Submit a copy of client consent and disclosure forms, including parental/guardian consent form(s)

- Submit a copy of aftercare instructions for each body art service to be offered

- Submit a copy of sterilization record form(s). Details for this form can be found on the Body Artist Application Checklist

- If using an autoclave, include the following:
 - Location of autoclave/sterilizer and ultrasonic cleaner/automated instrument washer on the facility floor plan
 - Location of instrument washing sink on the facility floor plan
 - Equipment manual, make, and model of autoclave/sterilizer and ultrasonic cleaner/automated instrument washer
 - Spore testing plan
 - A disinfection and sterilization plan covering all reusable instruments, cleaning steps, instrument dating



**APPLICATION TO OPERATE A BODY ART
FACILITY**

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: _____

An inspection of your facility is required prior to opening. It is your responsibility to contact the Health Department when you are ready for your pre-opening inspection. All Body Artists are required to have a Body Artist Permit issued by the Southwest Utah Public Health Department.

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

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Signature of Health Department Inspector: _____ Date: _____

Approved Rejected

Fees Received: \$ _____
Initials