



TIME-LIMITED (TEMPORARY) BODY ART ESTABLISHMENT PLAN REVIEW CHECKLIST

Please indicate with a checkmark (✓) that the following are included for review:

- _____ Plan view drawing of the operation, including location of entrances/exits, all plumbing fixtures (hand sinks, mop sink), and restroom(s)
- _____ Equipment list with name of manufacturer and model numbers referenced to the general layout drawing
- _____ Materials list (inks, needles, etc.)
- _____ Lighting plan OR sign and date the following statement:

“There will be at least 40 foot candles of light provided for all work surfaces”

- | | |
|-------------------------------------|-------|
| _____ | _____ |
| Signature | Date |
| _____ Parental consent form | |
| _____ Record of client service form | |
| _____ Aftercare instructions | |

Please answer the following and be prepared to show evidence:

Have all persons performing body art services on the business premises received appropriate training in body art? _____

Evidence may be:

- 1) Records of completion of courses or seminars in body art offered by authorities qualified to provide such instruction;
- 2) Written statements of attestation by individuals offering body art apprenticeships that the person has received sufficient training of adequate duration to competently perform body art services; or
- 3) Other documentation acceptable to the board of health.

Have all persons performing body art services for the business received training, as evidenced by records of completion, courses or seminars provided by licensed physicians, registered nurses, organizations such as the American Red Cross, accredited learning institutions, appropriate governmental entities, or other authorities qualified to provide training in the following? _____:

- 1) First aid;
- 2) Safety and sanitation requirements for preventing transmission of infectious diseases;
- 3) Universal precautions against bloodborne pathogens;
- 4) Appropriate body art aftercare.

How will persons performing body art services disinfect and sterilize all non-disposable equipment or parts of equipment used in performing procedures? These methods must meet disinfection and sterilization requirements in accordance with rule 3701-09-08 of the Ohio Administrative Code. _____

Have weekly biological monitoring tests of the business' heat sterilization devices been performed to ensure that the devices thoroughly kill microorganisms? _____ How and where is the record of each test performed maintained for at least two years? _____

In accordance with division (A) (5) of section [3730.09](#) of the Ohio Revised Code, these procedures shall include:

- 1) Maintenance of a log of all tests performed, the date of each test and the name of the person or independent testing entity performing the test; and
- 2) Procedures for remedial action on the part of the operator to assure compliance with all sterilization requirements in accordance with rule 3701-09-08 of the Ohio Administrative Code, in the event a test indicates a heat sterilization device is not functioning properly.
- 3) How and where the record of each test performed will be maintained for at least two years.

Rule 3701-09-02 (B) (5) (g) of the Ohio Administrative Code states as follows: "For each body art service performed by the business, the operator shall maintain a written record of dye colors, manufacturer, and any available lot number or other identifier of each pigment used".

Explain your procedure to ensure the maintenance of a written record of dye colors, manufacturer, and any available lot number or other identifier of each pigment used for each body art service performed by the business. Records must be maintained for two years. Include how and where records will be stored.

Rule 3701-09-02 (B) (5) (f) of the Ohio Administrative Code states as follows: "The operator shall maintain procedures ensuring the general health and safety of all individuals employed by the business". What do you do to ensure the general health and safety of all individuals employed by the business?

Please sign and date:

I am submitting a set of plans which include the required drawings and other information noted above. I intend to comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and 3701-09-01 to 3701-09-09 of the Ohio Administrative Code.

Signature of Applicant: _____ Date: _____

Submit Plans To:

Time-Limited (Temporary) Body Art Establishment Plan Review
 Clark County Combined Health District
 529 E. Home Road
 Springfield, OH 45503
 Telephone: 937-390-5600
 Fax: 937-390-5625