



TATTOO AND/OR BODY PIERCING ESTABLISHMENT PLAN REVIEW

Licensing

All tattoo and/or body piercing establishments in Clark County are required to have a tattoo and/or body piercing license issued by the Clark County Combined Health District (CCCHD).

Getting Started

All new tattoo and/or body piercing establishments, those performing extensive alterations and/or remodeling, and those closed for more than one year, must complete the plan review process. The following are the necessary steps to obtain a tattoo and/or body piercing license from the Clark County Combined Health District:

Step 1: Submit Plans

Include the following:

- One (1) complete set of drawings of the facility.
- Completed Tattoo and/or Body Piercing Establishment Plan Review Checklist (this document) and materials/documents as specified.

Step 2: Plan Review Process

- Within 30 days after plans are submitted, CCCHD will review the plans.
- Plans may require additional information or changes – in this case, you will be contacted.

Step 3: Plan Approval Process

- A letter will be sent informing you that the plans have been approved.
- Plan approvals not acted upon expire in one (1) year, unless the facility is under construction.

Step 4: Construction

- Ensure that all contractors and sub-contractors, including plumbing, HVAC and electrical, are licensed:

City of Springfield Building Inspection Services:	937-324-7389
Clark County Building Inspection Services:	937-328-2495
Clark County Combined Health District (Plumbing Inspection):	937-390-5600
- Ensure that contractors obtain necessary permits through Building Services and CCCHD (Plumbing Inspection).
- Contact CCCHD if you have questions or need a walk-through inspection during construction.

Step 5: Inspections

- Obtain signatures ('sign offs') from all building and plumbing inspectors before contacting CCCHD for a pre-licensing inspection – arrange for this inspection once approval for a Certificate of Occupancy (or Temporary Certificate of Occupancy, if applicable) has been given.
- CCCHD requires a minimum of 2 business days' notice to schedule an inspection. Though we will attempt to accommodate your schedule, please call early to avoid scheduling conflicts and allow time for re-inspection, if necessary. Call 937-390-5600 to schedule the inspection.
- Once approval is made from the pre-licensing inspection, an Application to Operate a Tattoo and/or Body Piercing Establishment must be completed and submitted with license fees to be able to open for business.

Please remove this page for your future reference before submitting the Application.



TATTOO AND/OR BODY PIERCING ESTABLISHMENT PLAN REVIEW APPLICATION/CHECKLIST

Type of Establishment *(Check all that apply):*

Tattoo Body Piercing Other (please specify) _____

Plan Review Contacts

Proposed Business Name: _____ Phone: _____

Location Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Name of Operator (Owner): _____ Phone: _____

Name of Contact for Plans: _____ Phone: _____

Address for plan approval letter: _____

City: _____ State: _____ Zip Code: _____

Fax: _____ E-Mail Address: _____

Please provide the names of any individuals that have at least a 5% ownership interest in the business:

Please list the name(s) of business and address(es) of any previously or currently licensed tattoo and/or body piercing facility(ies) you operate/operated, as well as name and contact information of the licensing agency:

Estimated Date Construction Will Begin: _____ Estimated Opening Date: _____

Planned Days/Hours of Operation: _____

New Building OR Remodel Total Square Feet in Establishment: _____

Water Supply: Municipal Other*: _____

Sewage Disposal: Sanitary Sewer Semi Public*

*Please provide documentation of approval from Ohio EPA

Internal use only: Date received _____ Received by _____

Plan Review Components

All plans submitted to CCCHD must be legible, in English, and include the following information. Lack of complete information may delay plan approval and/or the opening of your business. Please indicate with a checkmark (✓) that the following are included:

- _____ Scale drawing of facility, including location of entrances/exits, all plumbing fixtures (hand sinks, mop sink), and restroom(s)
- _____ Interior finish schedule (if not included in drawing)
- _____ Lighting plan or statement that there will be at least 40 foot candles of light provided for all work surfaces
- _____ Equipment list with name of manufacturer and model numbers referenced to the general layout drawing
- _____ Materials list (inks, needles, etc.)
- _____ Heat sterilization device testing log
- _____ Parental consent form
- _____ Record of client service form
- _____ Aftercare instructions

_____ A written procedure ensuring that all persons performing tattoo and/or body piercing services on the business premises have received appropriate training in tattooing and/or body piercing, as evidenced by:

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

_____ A written procedure ensuring that all persons performing tattoo and/or body piercing services for the business shall have 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 tattoo and/or piercing aftercare.

_____ A written policy to maintain written records of equipment utilized by the business, including manufacturer and model numbers.

_____ Written procedures acceptable to the board of health ensuring that persons performing tattoo and/or body piercing services on the premises of the business shall disinfect and sterilize all non-disposable equipment, or parts of equipment used in performing procedures, by utilizing methods meeting disinfection and sterilization requirements in accordance with rule 3701-09-08 of the Ohio Administrative Code.

_____ Written procedures ensuring the performance of weekly biological monitoring tests of the business' heat sterilization devices to ensure that the devices thoroughly kill microorganisms. In accordance with division (A) (5) of section [3730.09](#) of the 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.

NOTE: The operator shall maintain records of each test performed for at least two years.

_____ Written procedures ensuring the general health and safety of all individuals employed by the business.

_____ Written procedure to maintain a written record of dye colors, manufacturer, and any available lot number or other identifier of each pigment used for each tattoo service performed by the business.

NOTE: The operator shall maintain records of each tattoo performed for at least two years.

_____ Statement of attestation that the operator intends to comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and 3701-9-01 to 3701-9-09 of the Ohio Administrative Code.

Incomplete plans may delay the plan approval process.

I am submitting a set of plans which include the required drawings and other information noted above.

Signature of Applicant: _____ Date: _____

Submit Plans To:

Tattoo and/or Body Piercing Establishment Plan Review
Clark County Combined Health District
529 E. Home Road
Springfield, OH 45503
Telephone: 937-390-5600
Fax: 937-390-5625