

**Clark County Combined Health District
Division of Environmental Health**

Procedure:	Tattoo and/or Body Piercing Establishments
Prepared by:	Larry Shaffer, R.S., and Charlene Culp, Secretary 2
Reviewed by:	Daniel S. Chatfield, R.S., M.S.E.H. Director of Environmental Health Charles A. Patterson, R.S., MBA, Health Commissioner
Board of Health Approved: January 22, 2009, Resolution Number 10-09	

POLICY

To improve public health by reducing risk of disease and injury that may result from tattoo and/or body piercing services.

LEGAL AUTHORITY

Ohio Revised Code Chapter 3730: Tattooing or Body Piercing Services
Ohio Administrative Code Chapter 3701-9: Tattoo and Body Piercing Services
Ohio Revised Code Section 3709.21: Orders and regulations of board of general health district.

Clark County Combined Health District Regulation Governing the operation of tattoo operations, dermagraphic art studios, and other invasive procedures for the purpose of placing indelible marks, figures, scars, or ornamental devises upon the skin and/or other parts of the body.

PROCEDURES

Licensing Process:

Permanent facilities not yet licensed:

Anyone seeking to operate a new tattoo and/or body piercing establishment must utilize a Clark County Combined Health District (CCCHD) Tattoo and/or Body Piercing Plan Review Checklist form to submit plans to the health district. This form is available from either the health district office or website at www.ccchd.com. A plan review fee is due when plans are submitted. CCCHD will respond to all submitted plans within thirty (30) days of receipt. Upon approval of plans, an approval letter will be mailed (sample copy attached). A separate set of plans, application, appropriate fee and license is required for each facility.

After plans are approved and the facility is ready, arrangements must be made with CCCHD to conduct a pre-licensing inspection. Failure to meet requirements for a license to operate will require re-inspections until all requirements are met. The annual license fee, along with a completed Application to Operate a Tattoo and/or Body Piercing Establishment form (copy attached), must be submitted to the health district office. This document is also available from either the health district office or website. Upon receipt of the application, fee payment and passing inspection, CCCHD will issue a Tattoo and/or Body Piercing Establishment License with a unique license number. Each license issued must be displayed in a conspicuous place on the premises and will expire on December 31 of each licensing year. Tattoo and/or Body Piercing Establishment licenses are not transferable to another operator or location.

Permanent facilities already licensed:

A mailing is sent from CCCHD to each licensed tattoo and/or body piercing establishment in Clark County during early December prior to the next licensing year. The license year runs from January 1 to December 31. The cover letter (sample copy attached) outlines the license application procedure, the required license fee and deadline for receipt of applications. Upon receipt of a completed application and license fee, each establishment is issued a new Tattoo and/or Body Piercing Establishment License with a unique license number. Each license issued must be displayed in a conspicuous place on the premises and will expire on December 31 of each licensing year. Tattoo and/or Body Piercing Establishment licenses are not transferable to another operator or location.

Time-Limited (Temporary) Establishment License:

Anyone seeking to operate a time-limited (temporary) tattoo and/or body piercing establishment must submit a completed CCCHD Time-Limited (Temporary) Tattoo and/or Body Piercing Establishment License Application (copy attached) and pay the appropriate license fee to the health district. This form is available from the health district office and/or website. A separate set of applications, fee, and license is required for each temporary facility and/or event. The CCCHD

Time- Limited (Temporary) Tattoo and/or Body Piercing Establishment Plan Review Checklist form is designed to assist the applicant with being prepared for the pre-licensing inspection.

Arrangements must be made with CCCHD to conduct a pre-licensing inspection before operating. Failure to meet requirements for a license to operate will require re-inspections until all requirements are met. Upon passing inspection, CCCHD will issue a Time-Limited (Temporary) Tattoo and/or Body Piercing Establishment License with a unique license number. Each license issued must be displayed in a conspicuous place on the premises and is valid for only the date(s) and location stated.

Compliance Inspections:

Inspections shall be conducted by assigned CCCHD staff in all tattoo and/or body piercing establishments to verify compliance with Ohio Revised Code (ORC) Chapter 3730, Ohio Administrative Code (OAC) Chapter 3701-9 and Clark County Combined Health District Regulations. Routine inspections and inspections in response to nuisance complaints and recalcitrance are conducted. A CCCHD Tattoo and/or Body Piercing Establishment Inspection Checklist form is utilized for these inspections. A copy of this form is attached to these procedures.

1) Tattoo and/or Body Piercing Establishment Inspections- A minimum of one standard inspection is conducted during each licensing period for permanent facilities already licensed. The licensing period is from January 1 through December 31 for tattoo and/or body piercing establishments. Time-Limited (Temporary) tattoo and/or body piercing establishments are inspected prior to the license being issued. A Time-Limited (Temporary) Tattoo and/or Body Piercing Establishment Application form must be received by CCCHD at least two (2) days prior to the date the operator intends to open the time-limited (temporary) tattoo and/or body piercing establishment for business.

Routine inspections consist of evaluation of overall condition and cleanliness of the establishment, the establishment's procedures and policies, and compliance of the establishment with laws and rules. Routine inspections may be performed either by appointment or unannounced. Inspections are recorded on CCCHD's Tattoo and/or Body Piercing Establishment Inspection Checklist form. Both the establishment operator and inspector must sign the report. The Inspection Checklist is to be photocopied and the original inspection form is handed to, or mailed to, the operator. A copy of each inspection is maintained in a CCCHD file. Each tattoo and/or body piercing establishment's file is listed first by street address and then the name of the establishment. Routine inspections may include, but are not limited to:

- a. Review of the establishment's file for the most recent inspection report, any Ohio EPA reports concerning water supply or sewage disposal, if applicable, current licensure status, status of and compliance with any plans submitted to CCCHD, and compliance with orders issued since the last inspection.

- b. Review of the following for compliance: the establishment's facility, equipment, materials, policies, procedures, purchasing records, pertinent employee health, training and certification records, infectious waste disposal records, records of all patrons, tattoos, piercings, equipment, dyes used for the last two years, records of all sterilization tests, after-care instructions, and records of parental consent for minors.
 - b. Request for assistance from a Clark County Plumbing Inspector for assistance with evaluating compliance with Ohio Plumbing Code and/or request for assistance from Springfield City Inspection Services and/or Clark County Building Inspection Services with evaluation of compliance with corresponding building codes.
- 2) **Nuisance Complaint Inspections-** All nuisance complaints received by CCCHD are entered into the Nuisance Complaint Database for record keeping and tracking purposes. The Secretary 2, who maintains the database, will process the complaint and refer it to the sanitarian, or sanitarian-in-training, in the appropriate program area for follow-up. Responses to complaints should be made no later than the next business day. A minimum of one telephone consultation with the tattoo and/or body piercing establishment operator will be made as soon as possible after the complaint is made. An on-site inspection will be conducted as soon as possible, if warranted. The judgment as to the validity of the complaint shall be made by the sanitarian, or sanitarian-in-training. The CCCHD Nuisance Complaint form, completed by the sanitarian, or sanitarian-in-training, will be given to the Secretary 2, who will finalize the complaint in the database. All information shall be recorded on a CCCHD Nuisance Complaint form and CCCHD Tattoo and/or Body Piercing Establishment Inspection Checklist form as applicable.
- 3) **Recalcitrant-** Re-inspections may be conducted based on the professional judgment of the sanitarian, or sanitarian-or-training, in response to violations. Re-inspection may be made after a sufficient and specific amount of time has been given to the operator to make corrections. After a third notice is issued, the operator is sent a letter requesting their attendance to a hearing with the Director of Environmental Health. A sample copy of this letter is attached to these procedures. At the conclusion of the hearing, a deadline will be given to correct any remaining violation(s). Failure to correct the violation(s) in a timely manner will result in either a citation into municipal court or a hearing before the Clark County Combined Health District Board of Health.
- 4) **Referral of Violations-**Violations noted which may fall under the jurisdiction of another agency will be referred to the appropriate authority.

- 5) **License Fee and Cost Methodology-** License fees are established by the Clark County Combined Health District Board of Health under the authority of Section 3701-9-03 of the Ohio Administrative Code. Proposed fee changes must be reviewed by the Clark County Combined Health District Licensing Council prior to Board of Health review and approval before they can be implemented.

Cost Methodology

Section 3701-9-03 of the Ohio Administrative Code sets forth the method by which costs of maintaining the Tattoo and/or Body Piercing Establishment and Time-Limited (Temporary) Tattoo and/or Body Piercing Establishment program shall be calculated. The previous calendar year cost data is used to calculate the fees for the following year. This formula is set forth in the table below:

	Total Annual Wages or Salary Multiplied by Percentage of Time in Program	Total Fringe Benefits Multiplied by Percentage of Time in Program	Total Travel Multiplied by Percentage of Time in Program	Total Annual Wages or Salary Paid	Total Annual Fringe Benefit	Total Travel Costs	Percentage of Time Worked in Program = Total Hours Worked in Program/Total Hours Paid
Sanitarian 1							
Sanitarian 2							
Sanitarian 3							
Subtotal Salary Costs							
Subtotal Fringe Benefit Costs							
Subtotal Travel Costs							
Subtotal Indirect Cost 25% of Subtotal Salary Costs							
Known or Anticipated Costs							
Total Program Costs by Adding Subtotals							

- 6) **Records Retention-** Records generated in this program must be maintained in accordance with the CCCHD Schedule of Records Retention and Disposition which is updated annually. Every effort is made to prevent these records from being destroyed, transferred, or otherwise disposed of, in violation of the Records Retention and Disposition schedule. No record will be knowingly disposed of which pertains to any pending case, claim, action or request. All paper records generated in this program will be scanned and stored electronically on-site with a back-up

copy off-site. Paper records will then be destroyed in accordance with the Schedule of Records Retention and Disposition.

Attachments: Plan Approval Letter (Sample Copy)

Application to Operate a Tattoo and/or Body Piercing Establishment
Time-Limited (Temporary) Tattoo and/or Body Piercing
Establishment License Application

Cover Letter for License Renewal (Sample Copy)

Inspection Checklist Form

“Meet with Director” Letter (Sample Copy)

PLAN APPROVAL LETTER (SAMPLE COPY)

(Date)

(Name)

(Address)

(City), (State) (Zip Code)

RE: New Tattoo and/or Body Piercing Establishment:
(Address)

Dear (Name of Operator):

The plans for the above referenced tattoo and/or body piercing establishment have been reviewed and are approved provided the following conditions are met:

1. That the operator shall provide for proper maintenance and cleanliness of the tattoo and/or body piercing establishment; and,
2. That no person, firm, association or corporation shall extensively alter the referenced tattoo and/or body piercing establishment until new or revised plans have been submitted and approved by this department; and,
3. That any equipment or design not fully indicated or explained on these plans is subject to rejection by this office at any time.

Please contact the Clark County Combined Health District at 390-5600, ext. (number), when all equipment is in place for a final inspection before opening. The appropriate application, license and plan review fees are due prior to a license being issued.

Approval of your tattoo and/or body piercing establishment does not relieve you of your obligation to comply with other local and state regulations.

Sincerely,

Larry Shaffer, R.S.
Environmental Health

cac

pc: file

COVER LETTER FOR LICENSE RENEWAL (SAMPLE COPY)

(Date)

(Name of Establishment)
(Street Address)
(City), (State) (Zip Code)

Re: Renewal of Permit to Operate a Tattoo and/or Body Piercing Establishment

To Whom It May Concern:

Your permit to operate an invasive procedure establishment (tattoo and/or body piercing establishment) within the Clark County Combined Health District will expire on December 31, (year).

Please complete the enclosed Application and remit the annual permit fee, in the amount of \$109.00, to the Clark County Combined Health District by December 30, (year). *Upon receipt of the completed Application and fee*, our office will send you a permit to operate for the year (year).

Please contact us if you need copies of the laws and regulations governing tattooing and/or body piercing services.

If you have questions about this notification, please contact the Health Department at (937) 390-5600, extension 250.

Sincerely,

Daniel S. Chatfield, RS, MSEH
Director of Environmental Health

DSC/cac

Enclosure

pc: file



TIME-LIMITED (TEMPORARY) TATTOO AND/OR BODY PIERCING ESTABLISHMENT LICENSE APPLICATION

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). Submit the following at least two days before the event to obtain a time-limited (temporary) tattoo and/or body piercing license from the Clark County Combined Health District:

- A completed Time-Limited (Temporary) Tattoo and/or Body Piercing Establishment Plan Review Checklist form, as well as any materials or drawings specified by the Plan Review Checklist.
- A completed Time-Limited (Temporary) Tattoo and/or Body Piercing Establishment License Application and corresponding license fee.

The information you supply will be reviewed for compliance with applicable state and local rules and codes. A license to operate will be provided upon passing a pre-licensing inspection.

Business Name: _____

Permanent Location Address: _____

City: _____ State: _____ Zip Code: _____

Name of Operator (Owner): _____ Phone: _____

Fax: _____ E-Mail: _____

Mobile Phone: _____ (NOTE: We must be able to contact you at the event.)

Name(s) of anyone who has 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 establishment(s) you operate/operated, as well as name and contact information of the licensing agency:

Name of Event: _____

Sponsor of Event: _____

Event Address: _____

Date(s) of Event: _____ Hours of Operation: _____

Type of Establishment:

Tattoo Body Piercing Other (please specify) _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Valid Date(s) _____	License Fee: \$25.00 per day
License No.: _____ By: _____	Date: _____

INSPECTION CHECKLIST FORM

CLARK COUNTY COMBINED HEALTH DISTRICT
529 E. HOME ROAD
SPRINGFIELD, OH 45503
(937) 390-5600

Tattoo and/or Body Piercing Establishment - Inspection Checklist

Business Name: _____ Date: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Operator's Name: _____ Business Phone: _____
Owner's Name: _____ Inspector/Phone: _____

This is a: [] Comprehensive Inspection [] Partial Inspection [] Reinspection [] Comments on Back

Is establishment in compliance? Y = Yes, N = No, NA = Not Applicable.

YES NO

3701-9-02 Board of Health Approval

- (A) Permit to operate
(B)(4) Plan approval
(5)(a) Training records of all personnel
(5)(c) Records of equipment utilized
(5)(d) Procedures to disinfect and sterilize all non-disposable equipment and parts.
(5)(e)(i) Maintenance of a log of all tests performed on sterilization
(5)(e)(ii) Procedures for remedial action, in the event a test fails
(5)(f) Procedures to ensure the general health and safety of all individuals employed by the business
(5)(g) Record of dye, colors, manufacturer, lot and pigment used for each tattoo for 2 years

3701-9-04 General Safety & Sanitation

- (A)(1) Premises at least 100 square feet
(1) Each individual shall have at least 36 square feet and separated from waiting patrons by panel or door. Complete privacy if available, if desired.
(2) Entire procedure room and equipment shall be maintained in a clean, sanitary condition and in good repair.
(3) 40 foot-candles of light at tattoo level
(4) All floors and walls impervious, smooth, washable surface
(5) All tables and other equipment be easily cleanable
(6) Restroom facilities available to employees and patrons
(6) No tattoo equipment or supplies stored in the restroom
(7) Lavatory or hand washing in close proximity of operator
(8) No exposed plumbing creating potential hazard
(9) Closed receptacles for disposal of gloves, dressings, and trash
(10) No live animals in tattoo/b.p. areas
(11) No food or drink to be consumed in tattoo/b.p. areas
(12) No smoking in tattoo/ b.p. areas
(13) Infectious waste disposal approved
(B)(1) Artist restrictions
(B)(2)(a) Consent documents for persons under 18 years old
(B)(3) Physician care documentation for patrons w/conditions

3701-9-05 Additional Requirements for Tattoo Services

- (A) Hand washing and soap available
(B) Disposable gloves shall be used and available
(D) Lap cloths available; change for each patron
(E) Separate disposable razors available
(F) Antibacterial soap, isopropyl alcohol, and disposable gauze or similar available
(G) Single use sterile petroleum jelly and wooden tongue depressors available
(H) No blood flow checks used
(I) Use only single use dyes or inks manufactured by established manufacturer, unless container's sterile before use
(J) Patron skin post-prep/dressing
(K) Oral and written care instructions available
(L) Record of all patrons and dyes used; service records for 2 years

3701-9-06 Additional Body Piercing Services

- ___ ___ (C) Disposable gloves shall be used and available
- ___ ___ (E) Povidone-Iodine, benzalkonium chloride rinse, and antibacterial mouthwash available
- ___ ___ (G) Single-use sterile needles for piercing
- ___ ___ (H) Jewelry sterile & approved per rules by type
- ___ ___ (I) Oral and written care instructions for body piercing available
- ___ ___ (J) Record of all body piercing patrons for 2 years
- ___ ___ (K) Notification if injury/infections to Board of Health
- ___ ___ (L) In-use sharps container
- ___ ___ (M) Use permitted location only as approved

3701-9-07 Ear Piercing Gun Standards

- ___ ___ (A) Training records for ear piercing gun
- ___ ___ (B) Disposable gloves shall be used and available
- ___ ___ (C) Ear piercing gun being cleaned after each use
- ___ ___ (C)(2) Ultrasonic-type device available for cleaning
- ___ ___ (C)(4) Disinfectant available for ear piercing gun
- ___ ___ (D) Gun storage area clean
- ___ ___ (E) Prior patron notification of disinfection

3701-9-08 Sterilize & Disinfection Procedures

- ___ ___ (A) All equipment/needles stored properly
- ___ ___ (B) All needles or instruments disposed or sterilized properly
- ___ ___ (C) Ultrasonic-type machine available to remove dyes and matter from nondisposable instruments
- ___ ___ (D) Steam sterilizer (Autoclave)/15 minutes @ 15 lbs. Per Inch/250° F or 121° C, minimum
- ___ ___ (E) Record log on all sterilizers
- ___ ___ (E)(1) Autoclave sterilization bags w/ color indicator available
- ___ ___ (E)(3) Sterilization procedures available and maintenance record available for 2 years
- ___ ___ (E)(6) Record log of date, time, the name of the person or independent testing entity performing the test and sterilization results for 2 years

Remarks: _____

Inspected by: _____ Date: _____

Signed: _____ Date: _____

“MEET WITH DIRECTOR” LETTER (SAMPLE COPY)

(Date)

CERTIFIED MAIL OR
HAND-DELIVERY

(Name)

(Address)

(City), (State) (Zip Code)

Re: Order to Meeting at the Clark County Combined Health District

Dear (Name):

The Clark County Combined Health District is concerned about violations of (cite violation code) at (location of violation). Specifically, your establishment is in violation of (cite violation).

In order to further discuss this situation, you are hereby ordered to appear before (name of sanitarian, or sanitarian-in training) and myself on:

(Date) at (Time)

This meeting will be held at the Clark County Combined Health District office, 529 East Home Road, Springfield, Ohio.

(Name), please understand that if you do not attend this meeting, the matter may be referred to the Clark County Combined Health District Board of Health or the City Prosecutor for escalated enforcement. If you cannot attend this meeting, please contact me at 937-390-5600, extension 239.

Sincerely,

Daniel S. Chatfield, RS, MSEH
Director of Environmental Health

DSC/cac

cc: Mike Sheils, Springfield City Prosecutor
file