



TATTOO and/or BODY PIERCING ESTABLISHMENT PLAN REVIEW GUIDE

OPERATION NAME: _____

OPERATION ADDRESS: _____

OPERATION TELEPHONE (IF AVAILABLE): _____

OWNER NAME: _____

OWNER MAILING ADDRESS: _____

OWNER TELEPHONE: _____

OWNER E-MAIL: _____

How to Obtain a Tattoo/Body Piercing Establishment:

Before operating a Tattoo/Body Piercing Establishment, you must submit **all** of the checklist items below, License Application and the \$200.00 license fee to Allen County Public Health.

You must contact this office before your first day of operation to schedule a licensing inspection. At the licensing inspection, the requirements listed below will be inspected. Please call the Environmental Division at (419) 228-4457 to schedule the licensing inspection, or if you have questions.

The Tattoo and Body Piercing service rules, Ohio Administration Code 3701-9 are available on our web site, www.allencountypublichealth.org. Click on Environmental Health, then Tattoo and Body Piercing to find the rules.

Initial in the items below to certify that the following information has been submitted. Failure to provide any of the following information will result in disapproval of the plans.



_____ Building plans that include:

- (1) The total area to be used for the business;
- (2) Entrances and exits;
- (3) Number, location and types of plumbing fixtures, including all water supply facilities;
- (4) Lighting plan;
- (5) Floor plan, showing the general layout of the fixtures and equipment;

_____ A hand washing sink, with hot and cold running water, liquid or granular soap, and single-use towels or mechanical hand dryer shall be located separate from the restroom and in close proximity of each body artist performing a procedure.

In Allen County, we interpret close proximity to be around 30 feet or less and no doors between the artist and the sink.

_____ Listing of all equipment to be used, including the manufacturer and model numbers;

_____ Written verification from the zoning authority that the building has been zoned and approved for the business use

_____ Written verification from the building department having jurisdiction that the building has been approved for the business use

_____ Written infection prevention and control plan that includes, but is not limited to, the following:

- (1) Decontaminating and disinfecting environmental surfaces;
- (2) Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments;
- (3) Protecting clean instruments and sterile instruments from contamination during storage;
- (4) Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures;
- (5) Safe handling and disposal of needles;
- (6) Aftercare guidelines.



ALLEN COUNTY
PUBLIC HEALTH
Allen County Combined Health District

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, real-time online providers or other authorities recognized by the board of health as being qualified to provide training in the following:

- _____ First aid; and
- _____ Standard precautions for preventing transmission of bloodborne and other infectious diseases. (Course is sometimes just called 'Bloodborne Pathogens')

Paperwork or documents that will be retained or given to clients:

- _____ A record of each body art procedure shall be maintained for at least two years. The record shall include, but not be limited to, the following:
 - (1) The patron's name;
 - (2) The patron's address;
 - (3) The date of the service;
 - (4) Colors and manufacturer of all inks, dyes, or pigments used;
 - (5) Jewelry used, including size, material composition, and manufacturer; and
 - (6) Placement of the procedure.
- _____ Written aftercare instructions
- _____ Any other documents that are relevant to the operation and may be beneficial to our review of your application

Application to Operate a Tattoo and/or Body Piercing Establishment

INSTRUCTIONS:

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to: Allen County Public Health
4. Return check and signed application to:
Allen County Public Health
219 E. Market St.; PO Box 1503; Lima, OH 45802
5. License Fee \$200.00 Late Fee \$50.00

TYPE OF OPERATION:

Tattooing Body Piercing Tattooing & Body Piercing

BUSINESS INFORMATION:

Name of Tattoo and/or Body Piercing Business _____ Tax ID#: _____

Address: _____

Phone Number: (____) _____

OPERATOR INFORMATION:

Name of Operator: _____

Address: _____

Daytime Office Phone Number: (____) _____

Home Phone Number: (____) _____

Days of Operation: _____

Hours of Operation: _____

I HEREBY CERTIFY THAT I AM THE OPERATOR, OR THE AUTHORIZED REPRESENTATIVE OF THE ABOVE OPERATION AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTION 3730 OF THE OHIO REVISED CODE AND SECTION 3701 OF THE OHIO ADMINISTRATIVE CODE.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

Approved: _____

Certificate No.: _____

Issued on: _____

