# **Huron County**



28 Executive Dr, Norwalk, OH 44857 | P: 419-668-1652 | environmental@huroncohealth.com | F: 567-244-3201

## **New Tattoo & Body Piercing Facility Packet**

#### **Step by Step Guide**

Obtaining a new license for a tattoo and/or body piercing facility is required by all <u>new owners</u>, <u>new businesses and existing facilities that are remodeling</u>. Remodeling can include and is not limited to expansion, significant change in layout and upgrading the facility.

In Huron County, tattoo and body piercing licenses are non-transferable; a change in ownerships requires a new license and the facility must be in compliance with current codes.

Any time that you have questions please call or email our agency. Visit our website for the Ohio Tattoo and Body Piercing Code, links to all applicable rules, additional information or to download any of our forms or educational materials at <a href="https://www.huroncohealth.com">www.huroncohealth.com</a>. If you want to receive a copy from our office, call us and we will be happy to provide a copy and review materials with you.

#### Steps to obtain a new tattoo and/or body piercing facility license:

- 1. **Plan Review Application.** Receive and review our Plan Review Application for new tattoo and/or body art facility (pages 5-8 of this document). If you need help with the plan, call and schedule a consultation appointment.
- 2. **Contact Agencies.** Contact each of the agencies listed on page 2 and ask what you will be required to do according to each agency to open your facility.
- 3. **Submit Plan Review Application.** Submit the <u>Plan Review Application</u> to our agency. Once we receive the completed application, we have 30 days to review your plan. It is best to submit the application as soon as possible to avoid any delays in your licensing and plans to open. Make sure all items on the check-off are included or your application will be considered incomplete.
- 4. **Schedule a Visitation.** Once your plan is approved, if you wish to have a consultation or visitation of your facility, we can schedule one at this time. During this consultation we can review layout, materials, lighting or any other progress at the facility. If we note any problems or concerns we can review them with you.
- 5. **Sign-offs**. Submit all required sign-offs (from other agencies on page 2) to our agency.
- 6. **Pre-licensing.** Schedule a pre-licensing inspection with our agency. If your facility is approved, proceed to the next step. If you facility is disapproved, we will schedule a follow-up inspection.
- 7. **Tattoo and Body Piercing License Application.** Complete the Tattoo and Body Piercing License Application and return it with the required fee. This can be done in person or by mail.
- 8. **License**. Approvals, license application and license fee must be submitted before the license will be issued. Once you receive your license you may begin operation. This may be picked up or mailed.

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Keep this page for your information and use.

Contact the following agencies, <u>even</u> if you are purchasing an existing facility. Each of the following agencies will have specific requirements that vary from the requirements of Huron County Public Health. Contact these agencies as soon as possible to avoid delays in the plan review process.

#### **Huron County Building Department**

This agency handles the building inspection for a new certificate of occupancy permit required by HCPH.

180 Milan Avenue Norwalk, OH 44857

Phone: 419-668-3092 Ext. 1940

huroncountybuildingdepatment@safebuilt.com

#### Mansfield/Ontario/Richland County Plumbing Department

This agency handles the plumbing inspection for Huron County Public Health.

Richland County Plumbing Department 555 Lexington Ave., Mansfield, Oh 44907 www.richlandhealth.com 419-774-4536

#### **Local Fire Department**

This agency will do an inspection and issue an inspection report. For contact information call your local fire authority; city, township or village fire departments.

### **Local Zoning Requirements**

Contact your local zoning inspector for a copy of your zoning permit.

## Ohio EPA if Private Water (see page 6)

Northwest District Office 347 N. Dunbridge Rd. Bowling Green, OH 43402 419-373-3007

#### **Ohio EPA** *if Private Sewage* (see page 6)

Northwest District Office 347 N. Dunbridge Rd. Bowling Green, OH 43402 419-373-3003

Our Agency information: **Huron County Public Health** 

Environmental Public Health Division 28 Executive Drive Norwalk, OH 44857 419-668-1652 ext. 239

#### **Facility & Equipment Requirements**

The following are general guidelines:

Keep this page for your information and use.

## 1. Lighting

#### **Intensity Requirements:**

We can measure this during the visitation and pre-licensing inspection.

| Throughout the establishment                  | 20 Footcandles |
|---|----------------|
| Level where tattoo/body piercing is performed | 40 Footcandles |

<sup>\*</sup>Separate spot lights may be used by the artists in their individual booths if needed.

## 2. Floors, Walls & Ceilings

Floors and tables directly under equipment used for tattooing or body piercing activities (this includes storage areas), shall be impervious, smooth, and a washable surfaces. Examples include:

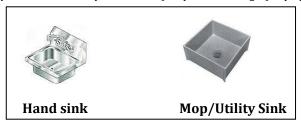


<sup>\*</sup>Carpeting is only permitted in the waiting area and/or other areas where tattooing or body piercing activities will not be conducted.

#### 3. Sinks

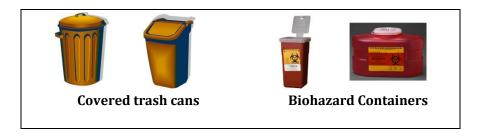
#### The following sinks are required for all facilities:

A hand washing sink must be located in close proximity of each individual performing tattoo or body piercing procedures. A separate sink for pre-cleaning of equipment is required.



#### 4. Covered trash receptacles

Must be provided for the disposal of used gloves, dressings, and other trash. The following are acceptable examples:





Huron County Public Health issues licenses to tattoo and body piercing facilities in Huron County through the Ohio Department of Health. This state agency has developed the tattoo and body piercing regulations that are written into the Ohio Administrative Code. These rules and laws apply to licensed tattoo and body piercing facilities in the state of Ohio.

Huron County Public Health works directly with our licensed facilities to educate and enforce Ohio rules and regulations to ensure public health is being protected. Our office, the Environmental Public Health Division, will be happy to assist you with this application process. This application is required for remodels, new facilities and change of ownership.

#### **Helpful Hints**

- ✓ This application should be filled out by individuals with knowledge of the **layout** as well as the daily **operations** and **procedures**. More than one individual may need to provide the information in order to properly answer these questions.
- ✓ Once a complete application is received, we have <u>30 days</u> to review and approve the plans. Submit this application early in your planning **to avoid delay of licensing**.
- ✓ If this application is missing information and/or unapproved, the 30 day time period will **restart** when new or additional information is re-submitted.
- ✓ <u>Each person</u> who is conducting tattoo or body piercing activities must have signed documentation of apprenticeship and have current certifications. Copies of these certificates must be submitted and remain available upon request within the facility.
  - o Bloodborne Pathogens
  - o First Aid

| Name of Facility      |                                   |           |  |
|-----------------------|-----------------------------------|-----------|--|
| Name of License Hold  | er (Legal owner)                  |           |  |
| Location Address      |                                   |           |  |
| City                  | State Zip                         | Fax       |  |
| Phone                 | Cell                              | Email     |  |
|                       | f <u>ferent</u> than facility inf | ormation: |  |
| Address               |                                   |           |  |
| City                  | State Zip                         | Fax       |  |
| Phone                 | Cell                              | Email     |  |
|                       |                                   | er)       |  |
| Phone                 | Cell                              | Email     |  |
| Evnected date of onen | ina                               |           |  |

| □ Remodel - Existing Facility/Same Owner □ New Facility - New Business or New Licensee |   |  |   |    |
|--|---|--|---|----|
| Type of Operation (a   | check all proced<br>□ Tattoo                          |  | ☐ Permanent Make-up/Microblading  |    |
| Sewage & Water:  |   |  |   | _  |
| owned, such as a   | well, cistern or<br>onmental Prote                    | hauled water tank. These pr                                      | rivate water system is a water system that is privaterivate water systems must be permitted and approvented will now be utilized to serve a public tattoo o | ve |
| I am connecte  | ed to private wa                                      | nter. I contacted the OEPA or                                    | n (Date):   |    |
| I spoke with_  |   |  |   |    |
|  |   | stem for this facility. A pub<br>city or village supply or a ru  | olic water system is a water system that is operated ural water company.  | l  |
| privately owned, s   | uch as a septic                                       | tank, mound, etc. These sew                                      | orivate sewage system is a sewage system that is rage systems must be permitted and approved by the rill now be utilized to serve a public tattoo or body   | ıe |
| I am connecte  | ed to a private s                                     | ewage. I contacted the OEPA                                      | A on (Date):  |    |
| I spoke with:  |   |  |   |    |
|  |   | system for this facility. A p<br>h as a city or village. I am co | public sewage system is a sewage system that is nnected to public sewage.   |    |
| 1. What are yo   | ur planned ho  Monda Tuesd Wedne Thurse Friday Saturd | ay<br>esday<br>day<br>day  |   |    |
| 2. Is the premis  ☐ Yes ☐ No   | se in which tat                                       | tooing or body piercing is                                       | conducted at least 100 square feet? OAC 3701-9-04-A   |    |
| <del>-</del>   | pace for each i                                       | ndividual performing tatt  | coo or body piercing services at least 36 square  |    |
| <b>feet?</b><br>□ Yes □ No   |   |  | OAC 3701-9-04-A   |    |
|  | ial spot lights bing/body pier                        |  | o achieve the required 40 foot candles of light  OAC 3701-9-04-A  |    |

| 5.  | Are the restroom facilities available to the employes $\ \square \ \text{No}$ If Yes, are they located within the establishment                               |                                     | ness?<br>OAC 3701-9-04-F              |
|-----|---|-------------------------------------|---------------------------------------|
| 6.  | Can each patron achieve complete privacy upon  ☐ Yes ☐ No   | l that apply                        | OAC 3701-9-04-A                       |
| 7.  | Are your hand sinks equipped with the following ☐ Soap dispenser ☐ Paper towels ☐ Air dryer/blow  |                                     | OAC 3701-9-04-G                       |
| 8.  | Is your facility equipped with receptacles with a $\square$ Yes $\square$ No  | closing lid?                        | OAC 3701-9-04-I                       |
| 9.  | Will sharps containers (biohazard bins) be locat $\square$ Yes $\square$ No   | ted in every room where body ar     | t is occurring?                       |
| 10. | <b>Describe the policy of verifying parental/guardi body piercing service:</b> <i>Check all that apply.</i> □ Copy birth certificate □ Copy parental/guardian | -                                   | OAC 3701-9-04-P                       |
| 11. | Will artist determine whether a patron has cond  ☐ Yes ☐ No  If Yes, how: ☐ Written consent form  |                                     | OAC 3701-9-04-Q                       |
| 12. | When shaving the site of the tattoo, will single-u $\square$ Yes $\square$ No   | se disposable razors be used?       | OAC 3701-9-04-S(4)                    |
| 13. | What marking instruments will be used at facilit  ☐ Single-use, disposable ☐ Manufactured to  | -                                   | OAC 3701-9-04-S(6)                    |
| 14. | How will the artist(s) ensure that single service each patron? Check all that apply  □ Disposable ink caps (from larger bottle) □ Prefill                     | -                                   | OAC 3701-9-04-S(9)                    |
| 15. | What products will be used to address blood flo   | w?                                  | OAC 3701-9-04-S(7)                    |
| 16. | Will verbal and written aftercare procedures av $\square$ Yes $\square$ No  | ailable to give to the patron afte  | r <b>a tattoo?</b><br>OAC 3701-9-04-T |
| 17. | What records will be maintained at the facility a   | nd for how long? Consult OAC 370    | 01-9-04-W.                            |
|     | In the event of closing of business, all records should it  | be made available to the Board of H | ealth.                                |
| 18. | I agree to work with the Board of Health when a c<br>body art procedure performed by myself or this e   |                                     | lirectly related to the               |
|     | Owner/Artist signature:   | Date:                               |                                       |
|     | Artist 2 signature:   | Date:                               |                                       |
|     | Artist 3 signature:   | Date:                               |                                       |
|     | Artist 4 signature:   | Date:                               |                                       |

Body Piercing (if applicable) All requirements from 3701-9-04 apply. □ N/A

| 19. | patron after piercing?  See See See See See See See See See Se   | OAC 3701-9-06-A    |
|-----|--|--------------------|
| 20. | Will single use, sterile needles for body piercing be available for the artist's use? $\hfill \Box$<br>No        | OAC 3701-9-04-S(4) |
| 21. | Will sterilized jewelry for body piercing be available for the artist's use? $\hfill \square$<br>No              | OAC 3701-9-06-B    |
| 22. | Are aftercare procedures available to give to patrons after a body piercing? $\hfill \square$<br>No              | OAC 3701-9-04-T    |
| 23. | Will your facility be offering ear piercing by utilizing an ear piercing gun? $\square$<br>Yes $\ \square$<br>No | OAC 3701-9-07      |
| 24. | What materials will your jewelry consist of?   | OAC 3701-9-06-B    |
| 25. | Where will mill certificates be stored at the body art establishment?  | OAC 3701-9-06-B    |

Note: No body art procedure shall be performed on the nipple, areola or genital area of any individual under the age of eighteen (regardless of parental consent) in accordance with OAC 3701-9-04-P(3).

#### **INFECTION PREVENTION AND CONTROL PLAN:**

As of September 1, 2015, all facilities are required to have a written Infection Prevention and Control Plan in accordance to OAC 3701-9-02-B(8). This plan shall include detailed descriptions of the following processes:

- (a) Decontaminating and disinfecting environmental surfaces;
- (b) Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments;
- (c) Protecting clean instruments and sterile instruments from contamination during storage;
- (d) Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures;
- (e) Safe handling and disposal of needles;
- (f) Aftercare guidelines.

If any changes to facility operation occur, the plan shall be updated and resubmitted to the Board of Health for approval.

| SECTION A: DECONTAMINATING AND DISINFECTING ENVIRONMENTAL SURFACES  |
|---|
| Describe the procedures and frequency for decontaminating and disinfecting surfaces in your facility:   |
| Workstations:   |
| Artist chairs/stools:   |
| Patron chairs:  |
| Tattoo machine/cord/other non-disposable equipment:   |
| Decontamination area:   |
| Other:  |
| What hospital-grade disinfectant will be used on surfaces?  |
| What hospital-grade disinfectant will be used on surfaces?  |
| What other cleaning agents will be used in facility?  |
| Describe the cleaning procedures and frequency for the following:   |
| Customer waiting area:  |
| Restrooms:  |
| Storage Areas/Floors/Other:   |
| SECTION B: DECONTAMINATING, PACKAGING, STERILIZING AND STORING REUSABLE EQUIPMENT AND INSTRUMENTS  All instruments used in body art that may be exposed to bodily fluids shall either be single-use or capable of being                       |
| appropriately cleaned and sterilized after each procedure.  |
| If facility is only using pre-packaged/pre-sterilized equipment, skip to Section C.   |
| Will facility have a designated area/sink for pre-cleaning, disinfecting, and sterilization? ☐ Yes ☐ No What enzymatic pre-cleaner will be used?  |
| What detergent will be used (must be capable of breaking down blood, ink, and other contaminants)?  |
| Make/model of ultrasonic cleaning unit:   |
| Make/model of steam sterilizer:   |
| Note: steam sterilizers must be designed to sterilize hollow instruments and be equipped with a mechanical drying cycle. What sterilization indicators will be used to ensure each load is properly sterilized?                               |
| What laboratory will be used for weekly biological indicator tests?   |
| Note: Record the name of the person who runs the sterilization load or performs the test along with the results of the tests; these records should be kept on file for at least two years. These can be in patron files or on a separate log. |
| How will you determine a failed indicator test?   |
| What action will be taken after a failed indicator test?  |
| Please list the 11 steps for cleaning and sterilizing non-disposable instruments after each use: refer to OAC3701-9-08-A  |
| 1   |
| 2.  |
| 3.  |
| 4.  |
| 5   |
| 6   |
| 7   |

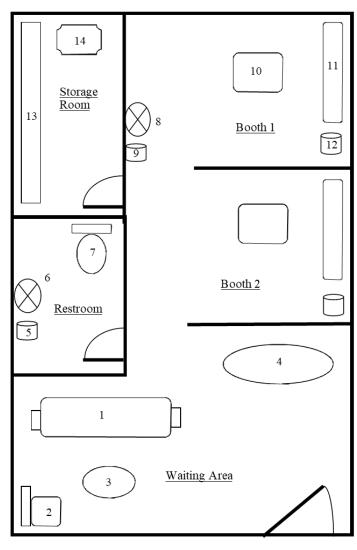
| 9<br>10   |
|---|
| 11.   |
| SECTION C: PROTECTING CLEAN INSTRUMENTS AND STERILE INSTRUMETNS FROM CONTAMINATION DURING STORAGE               |
| How will packaged, sterile instruments be stored to prevent contamination?                                      |
| How will packaged, sterile instruments be labeled for proof of sterilization and expiration?                    |
| Note: the expiration date is <u>one year</u> from the date of sterilization, unless the package is compromised. |
| What action will be taken if the integrity of a sterile package has been compromised?                           |
| How will packaged, sterile instruments and equipment be handled?  |
| Will instruments be opened in front of patrons? ☐ Yes ☐ No  |
| SECTION D: ENSURING THAT STANDARD PRECAUTIONS AND ASEPTIC TECNIQUES ARE UTILIZED DURING ALL BODY ART PROCEDURES |
| Describe your step-by-step process for setting up a workstation prior to a procedure:                           |
| List all equipment that will be covered during the procedure and what protective barriers will be used:         |
| What is the material of gloves that will be used?  Note: latex gloves cannot be used with petroleum jelly.      |
| At what points will gloves be changed?  |
| At what points will hands be washed?  |
| How will patron skin be cleaned and prepped before procedure, list all steps and solutions:                     |
| What products will be used to transfer stencils?  |
| How will skin be marked prior to procedure (tattoo and piercing):   |
| How will skin be bandaged after a procedure:  |
| Describe your step-by-step process for tear-down of the workstation after a procedure:                          |
|   |
| SECTION E: SAFE HANDLING AND DISPOSAL OF NEEDLES  Where will sharps containers be located in facility?          |
| How will sharps containers be disposed of?  |

## **SECTION F: AFTERCARE GUIDELINES**

Attach the aftercare guidelines that will be given to clients.

## **PLAN REVIEW CHECK-LIST**

| ☐ Plan Review Application and Review Fee (pages 5-8) |  |  |
|--|--|--|
|  | <b>quired Certifications</b> – submitted for all intended employees and available upon request in the facility Tattoo/Body Art Training Courses or Documented Apprenticeships Bloodborne Pathogen Certification First Aid Certification  |  |
| $\Box$ A w   | ritten Infection Prevention and Control Plan per OAC, should include:  |  |
|  | All pieces of equipment (make and model numbers) Include whether each piece of equipment is disposable or how it will be disinfected and/or sanitized Flooring material including finish Ceiling material including finish Wall materials including finish Shelving materials including finish   |  |
|  | an Drawings All sheets are recommended to be a MINIMUM of $11 \times 14$ inches. All sheets must be drawn to scale. If you do not know what drawn to scale means, contact this agency for help.  |  |
|  | e the following;  Entrances, exits & windows Customer waiting areas Room size (square footage) Location of all equipment Location of each lighting fixture Location of ventilation system (hoods & other ventilation) Location of plumbing, all lines, fixtures and equipment;  Sinks labeled with intended use Floor drains and floor sinks Auxiliary rooms showing any equipment in them; Storage rooms Garbage room Restrooms Basement Employee break room and coat rack or hook Personal item storage area Location of building onsite including; Alleys/streets Well or Septic if applicable Dumpsters Parking All outside storage (including sheds, garage, etc) |  |



#### Notes:

- The handwashing station between the two booths will be used for handwashing by each artist.
- The restroom is for employee and customer use.
- Room dividers are available if a customer wishes for complete
- Chemicals for cleaning are stored in the storage room.

## Example Tattoo and Body Piercing Layout

Waiting Area

- Couch
- 2 Chair
- 3 Table
- Office desk

#### Restroom

- Trash can with lid 5
- Handsink
- Toilet

#### Handwashing Station

- Handsink
- Trash can with lid

#### Booth 1 & 2 (Body Art Areas)

- Chair
- 11 Work table\*
- Covered trash can

#### Storage Area

- 13 Stainless steel shelving
- 14 Mop/Utility Sink

\*On each work table Gloves, sharps container, body piercing/ tattoo equipment stored in clean containers

#### Finish Schedule

Waiting Area- Carpet Restroom- Tile

Booth 1 & 2—Tile Storage Area—Sealed Concrete

Walls

All Dry Wall and Rubber Coving Restroom- FRP board and Rubber Coving

Ceiling

Suspended with Acoustical Tile

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