



El Paso County Public Health

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BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

Instructions

- Fill out this form completely.
 - If an individual other than the owner completes the form, a letter of authorization from the owner, delegating this responsibility, must be provided.
 - Incomplete information may delay the review and plan approval. Please be prepared with all necessary paperwork when scheduling a plan review appointment.
- Call El Paso County Public Health -Environmental Health Division at 719-578-3199 (option 3) with any questions or to schedule a plan review appointment.
- Pay the appropriate fees prior to your plan review appointment:
 - Plan review fee. This fee includes all aspects of the plan review and also a pre-opening inspection.
 - Body Art License Fee. This fee is for the licensing of the establishment which is valid for the calendar year from January 1-December 31. It must be renewed annually and is not pro-rated.
 - Current Board of Health body art establishment fees are posted on the Health Department's website. Look under Regulations, Chapter 3 – Fees; www.elpasocountyhealth.org/pages/BOH.aspx

Facility Information

Today's Date _____ Projected Opening Date _____
Name of Establishment _____ Phone _____
Address of Establishment _____ Fax _____
City, State, Zip _____

Name of Owner _____ Phone _____
Address of Owner _____ Fax _____
City, State, Zip _____

Name of Contractor _____ Phone _____
Address of Contactor _____ Fax _____

New Establishment or Remodel (Circle One)

Number of procedure areas _____

Total Square feet of establishment _____

Services Offered: (Check all that apply)

Tattoo Body Piercing Other _____

Body Art Establishment - Brief Checklist

Checklist is only a synopsis of requirements. Body art establishment owners and artists must be familiar with and comply with all Board of Health body art regulations.

1) Body Artist Requirements

- Infection Control Training through the El Paso County Department of Health and Environment.
- Hepatitis B vaccination or declination forms must be documented for each employee.

2) Body Art Establishment License Requirements

- Body Art Establishment license application filed and fees paid.
- Facility person in charge (PIC) has been designated and has access to all required documents at the time of inspection.

3) Client Record Requirements

- Client records must be maintained onsite for three years.
- Consent forms must include the disclosure of health conditions; name, address and current phone number of the client; date of the procedure; type of body art and where it is applied; sterilization dates and lot numbers of instruments used during the procedure; and documentation that client was provided information on risk, outcome and aftercare.

4) Facility and Operational Requirements

- All procedure areas and instrument cleaning areas shall have floors, walls and ceilings constructed of smooth, nonabsorbent and easily clean-able materials.
- Hand sinks shall be easily accessible to each procedure area and shall be located so that one artist does not potentially contaminate another artist's procedure area.
- Instrument cleaning sinks and utility sinks shall be separate and be used only for their designated purpose.
- No animals of any kind except service animals are allowed in body art establishments.
- Sharps and infectious regulated waste must be handled in a manner consistent with Sections 25-15-403 and 404, C.R.S.

5) Infection and Exposure Control Written Procedures

- Written procedures are required to include: Instrument cleaning and sterilization; Cleaning/disinfection of procedure areas; Standard precaution procedures; Chemical storage and safety Injury prevention; Infectious waste management plan.

6) Instrument and Jewelry Cleaning and Sterilization

- All non-disposable instruments used during the performance of body art procedures and jewelry or equipment used for initial piercing or stretching shall be properly cleaned and sterilized.
- Sterilizer monitoring shall be performed every two weeks, unless more frequent monitoring is specified by the manufacturer, using a commercial biological monitoring (spore) system.

7) Floor Plan Design

- Provide a detailed floor plan of the facility, drawn to scale. (See *SAMPLE FLOOR PLAN* below to ensure all required information is provided) Include the location and identification of all equipment listed below.

Hand sinks

Procedure area

Instrument cleaning room

Instrument Storage

Exit

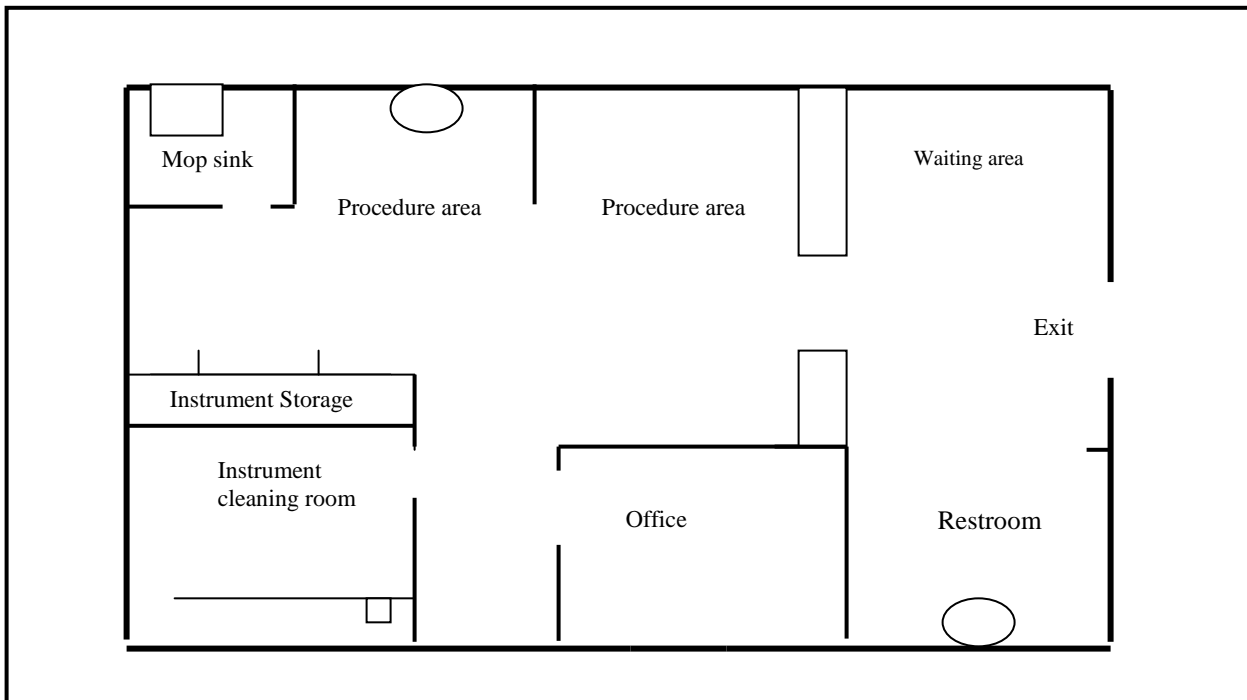
Waiting area

Mop/utility sink

Sterilizer

Restroom

Office or private business area



9) Activities not permitted by regulation

- Performing body art outside of a licensed facility.
- Performing body art procedures on, or by, any person who is noticeably impaired by alcohol or an illegal drug.
- Performing body art on skin that has evidence of unhealthy conditions.
- Performing body art on a minor without a legal guardian or parental consent.
- Smoking, eating or drinking in procedure areas or in instrument cleaning areas.

10) Inspections

- Inspections are conducted at least annually and as deemed necessary by the El Paso County Department of Health and Environment.
- Inspections may be conducted during regular business hours.
- The most recent health inspection report must be displayed in a prominent location easily visible to customers.

11) With this plan review I have also provided a copy of:

- Employee records, including hepatitis vaccination records or declination for employees.
- Consent form for body art procedures.
- Written aftercare instructions.
- Sterilizer manual.
- Hard copy results of sterilizer monitoring, including two negative spore tests **OR** a letter stating the facility will use all disposable equipment.
- Sterilizer load log.
- Written infection control procedures, including infectious waste management plan.

I have read the El Paso County Board of Health Chapter 6 Body Art Regulations in its entirety. I understand what is expected as an owner/operator and will comply with all regulations. I understand that if I fail to comply with these regulations that I am subject to assessment of civil penalties or other enforcement by the El Paso County Department of Health and Environment.

Upon completion of all sections of this Plan Review application, please sign and date below.

Print Owner Name _____ Date _____

Owner Signature _____