



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199 *phone*
(719) 578-3188 *fax*
www.elpasocountyhealth.org

ENVIRONMENTAL HEALTH SERVICE REQUEST FORM 2019

Owner Name: _____ **Date:** _____

Owner Address: _____

Establishment/Business Name: _____

Establishment/Business Address: _____ **Phone** _____

Fax: _____ **EmailAddress:** _____

Air Quality			
	Construction Activity Permit (Per Six Months)	\$165.00 per six months	
Body Art			
	Body Art Regulations Competency Exam	\$30.00 per attendee	#
	Body Art Plan Review (incl pre-opening inspection)	\$315.00	
	Body Art Establishment License	\$345.00	
	Follow-Up Inspection	\$75.00	
	Body Art Change in Ownership	\$176.00	
	Temporary Event Fee	\$120.00 per vendor	
Retail Food Safety			
	Food Handler Training	\$15.00 per attendee	#
	Review of Potential Retail Food Establishment Site	\$75.00 or actual cost at \$62.00 per hour, whichever is greater	
	Change in Ownership Inspection	\$120.00 (non-refundable)	
	Change in Ownership Inspection (Additional Inspection)	\$65.00 (non-refundable)	
	RFE Plan Review Application	\$100.00 (non-refundable)	
	RFE Plan Review initial minimum time: 90 min at \$62.00 per hour	\$93.00	
	Special Event License- Full Menu	\$100.00 per 1 Day Event \$174.00 per 1- 8 Day Event \$330.00 Multiple Events	
	Special Event License-Limited Menu	\$75.00 per 1 Day Event \$125.00 per 1-8 Day Event \$235.00 Multiple Events	
	RFE Plan Review and Pre-Opening Inspection	\$62.00/hour not to exceed \$580.00	To be calculated
	RFE Equipment/Product Review Application	\$100.00 (non-refundable)	
	RFE Equipment/Product Review	\$62.00/hour not to exceed \$280.00	To be calculated
	RFE HACCP Plan Review (Written)	\$62.00/hour not to exceed \$100.00	To be calculated
	RFE HACCP Plan Review (Operational)	\$58.00/hour not to exceed \$200.00	To be calculated
	RFE Other Services Requested	\$62.00 per hour	To be calculated
On-Site Wastewater Treatment System (OWTS)			
	OWTS Installer Exam Tier 1 (2 year license)	\$125.00 per 2-Year License	
	OWTS Installer Exam Tier 2 (2 Year license)	\$150.00 per 2-Year License	
	Certified Inspector	\$150.00 per 2 year	
	Certified O and M Specialist	\$150.00 per 2-year	
	OWTS Return Trip Fee	\$90.00	
	OWTS Variances	\$59.00 per hour (non-refundable)	To be calculated
	Altered/Renewed OWTS Permit	\$90.00 per permit	

	Pumper Truck Inspection (Systems Cleaner)	\$90.00 per truck		
	OWTS Transfer of Title Acceptance Document	\$55.00		
	OWTS Transfer of Title Acceptance Document Renewal	\$27.00		
	OWTS Permits (New and Repair)	Complete OWTS Application		
Compliance and Enforcement				
	Certificate of Non-Compliance Release	\$100.00		
Administration				
	Copy of State/Local Regulations	\$5.00 per copy		
	File Search	\$50.00		
	Non-Sufficient Funds	\$30.00		
	Other Administrative Requested Services	\$30.00 per hour		

Recreational Water (Commercial Pools/Spas)					
	Plan Review	\$250.00			
	Inspection – Year Around Pool/Spa	\$207.00			
	Inspection – Seasonal Pool/Spa	\$130.00			
	Follow-Up Inspections	\$62.00 per hour			
	Additional Body(s) of Water	\$35.00 per body of water			
	Additional Services Recreational Water Program	\$62.00 per hour			
Child Care Inspection					
	Type of Facility	Routine	Pre-Operational	Follow-Up	Room Change
	Child Care	\$155.00	\$120.00	\$75.00	\$80.00
	School Age (Before and After)	\$117.00	\$120.00	\$75.00	\$80.00
	Preschool	\$119.00	\$120.00	\$75.00	\$80.00
	Group Homes	\$124.00	\$120.00	\$75.00	\$80.00
	Residential Summer Camps	\$220.00	\$120.00	\$75.00	\$80.00
	Large Summer Camps	\$175.00	\$120.00	\$75.00	\$80.00
	Residential/Day Treatment Center	\$140.00	\$120.00	\$75.00	\$80.00
	Child Care Plan Review (including pre-operational inspections)	\$185.00			
TOTAL FEES					\$

Applicant Signature _____ **Date** _____

Environmental Health Specialist _____ **Date** _____



El Paso County Public Health
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OWNER/CONTRACTOR CONTACT INFORMATION

Today's Date: _____

TYPE OF ESTABLISHMENT: Retail Food Body Art On-Site Wastewater
 Contractor
 Other _____ Systems Cleaner

OWNER INFORMATION:

Type of Ownership: Individual Partnership Corporation

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

ESTABLISHMENT/BUSINESS INFORMATION:

Establishment/Business Name: _____

Establishment/Business Address: _____

City: _____ Zip: _____

Establishment/Business Phone Number: _____ Fax: _____

Days/Hours Of Operation: _____

Retail Food Only: Total building square footage (if grocery store): _____

Seats (if restaurant): _____

ALTERNATIVE CONTACT INFORMATION (*Two contacts other than owner*):

1. Name: _____ Title: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

2. Name: _____ Title: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____



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Body Art Establishment Plan Review and/or Change of Ownership: Application Checklist

INCLUDE WITH THIS APPLICATION

- Body Art Procedure Consent Form
- Body Art (or Piercing) Aftercare Instructions.....
- Sterilizer Manual (Unless ONLY single-use, disposable instruments are used – write “N/A”).....
- Sterilizer monitoring results, including two negative spore tests, OR a letter certifying that only disposable equipment will be used for body art procedures
- Sterilizer Load Log
- Written Infection Control Procedures, including an infectious waste management plan (sharps contract)

****The above items must be included before we will review your plans.****

In addition, SDS documentation, First Aid, BBP, Hep B vaccination records (or signed declination) and BA Competency Exam Certificates **MUST** be available for each artist at the pre-operational opening inspection. If this documentation is not completed and available, a **follow-up inspection will be conducted and an additional \$80 inspection fee will be charged.**

Admin Team: If this is a **CHANGE OF OWNERSHIP**, please include the **BLUE CLOSURE FORM** with the file.

BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

INSTRUCTIONS

Complete this form in its entirety.

- If an individual other than the owner (operator) completes this form, a letter of authorization from the owner delegating this responsibility must be provided.
- Incomplete information will delay the review and plan approval. 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 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 plan review activities and a pre-opening inspection.
 - Body Art License Fee. Body Art Licenses are valid for a calendar year from January 1-December 31, and must be renewed by December 31st of each year. License fees may not be prorated for a partial year. The initial license is not issued until approval to operate has been established through a pre-opening inspection.
 - Current Board of Health Body Art Establishment fees are included in El Paso County Board of Health, Chapter 3, Fee Schedule and Civil Penalties, Section 3.1 (posted on the El Paso County Public Health website).

ESTABLISHMENT INFORMATION

Today's Date: _____

Proposed Opening Date: _____

Name of **Establishment**: _____ Phone: _____

Address of Establishment: _____ Fax: _____

City, State, Zip: _____

Name of **Operator (Owner)**: _____ Phone: _____

Address of Operator: _____ Fax: _____

City, State, Zip: _____

Name of Contractor: _____ Phone: _____

Address of Contactor: _____ Fax: _____

Type of plan review (check one): New Establishment Remodel

Number of procedure areas: _____

Total Square feet of establishment: _____

Services Offered (check all that apply): Tattoo Body Piercing Other (describe): _____

1) PER BODY ARTIST

- Infection Control (Bloodborne Pathogen) Training – see approved courses online.....
- Hepatitis B vaccination record or signed declination forms available.
- First Aid Certification through Red Cross or American Heart Association.
- Body Art Regulations Competency Exam Certificate(s).....

How many artists may or will be employed at the time of opening? _____

Please clearly write their name(s) here:

*ALL artists MUST have all required certifications and documentation completed and records onsite at the time of the pre-operational inspection, or a **followup inspection will be conducted with a \$80 inspection fee.***

2) BODY ART ESTABLISHMENT LICENSE

- Body Art Establishment license application filed and fees paid..

3) CLIENT RECORDS

- Client records maintained onsite for three years..
- Client consent forms include:
 - Name, address, phone number, and age of client;
 - Procedure date, type of body art, and body area where applied;...
 - Name, address and phone of facility AND name of artist;.....
 - Sterilization OR expiration dates and lot numbers of instruments used for procedure;.....
 - Documentation that client was provided verbal and written instructions on risks, outcome, and aftercare;.....
 - Consent form includes required information if performing procedures on minors.....
 - Copy of consent form is provided to client.....

4) FACILITY AND OPERATIONS

- Designated person in charge (PIC) always available during normal business hours and has access to documents for inspection purposes
- Procedure areas (including decorative items within) and instrument cleaning areas have floors, walls ceilings, and surfaces constructed of smooth, nonabsorbent, easily cleanable materials
- Procedure areas are not shared by more than (2) artists.....

- Easily accessible handwashing sinks for each procedure area, located so as to not contaminate procedure areas, shared by no more than (2) artists, with sufficient hot water
- Separate instrument cleaning and utility sink, each used only for designated purpose
- Animals (except service animals) prohibited from premises.....
- Sharps and infectious regulated waste handled in an appropriate manner & consistent with OSHA
- Safety Data Sheets (SDS) onsite for all chemicals in facility

5) INFECTION AND EXPOSURE CONTROL WRITTEN PROCEDURES

Written procedures include:

- Instrument cleaning and sterilization
- Cleaning and disinfection of the procedure area(s), as required in these regulations.....
- Storage and disposal of sharps
- Standard Precautions procedures.....
- Chemical storage and safety.....
- Injury Prevention.....
- Sick Employee Policy
- Infectious Waste Mngmt. Plan
- Procedures for managing potential or known BBP exposures.....

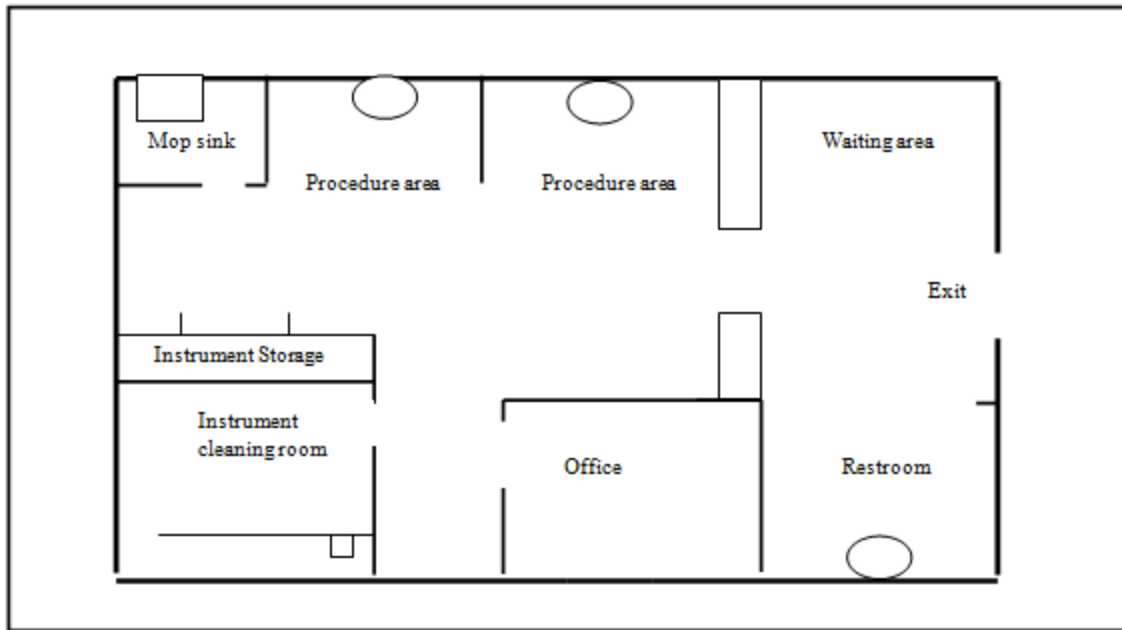
6) INSTRUMENT AND JEWELRY CLEANING AND STERILIZATION

- Non-disposable instruments used during body art procedures, jewelry and/or equipment for initial piercing or stretching, cleaned and sterilized prior to use.....
- Sterilizer monitoring performed monthly, or at shorter intervals if specified by the manufacturer, using a commercial biological monitoring (spore) system.

7) FLOOR PLAN DESIGN

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

Hand sinks, waiting area, procedure area(s), mop/utility sink, instrument cleaning room, sterilizer, instrument storage, restroom, exit, and office or private business area



8) FINISH SCHEDULE

Provide a complete finish schedule for the establishment in the blank table below. (Note: **SAMPLE ROOM FINISHES** at the top of this table are examples to ensure all required information is provided).

Room Name	Floors		Walls(Material and Finish)				Ceilings	
	Material	Base	North	South	East	West	Material	Finish
Sample Procedure Area	Tile	Tile	Dry wall Painted	Dry wall Painted	Dry wall Painted	Dry wall Painted	Tile	Vinyl
Sample Clean Room	Concrete	Concrete	Dry wall Painted	Dry wall Painted	Dry wall Painted	Dry wall Painted	Tile	Vinyl
Sample Restroom	Tile	Tile	Dry wall Painted	Dry wall Painted	Dry wall Painted	Dry wall Painted	Tile	Vinyl

9) ACTIVITIES PROHIBITED BY REGULATION

- Performing body art anywhere outside of an approved body art establishment.....
- Performing body art procedures on, or by, any person who is impaired by alcohol, drugs, or any other substance
- Performing body art on body surfaces which display evidence of unhealthy conditions
- Performing body art on a minor without the written consent of the minor’s parent or legal guardian
- Smoking, eating, or drinking in procedure or instrument cleaning areas
- Performing body art procedures without meeting the minimum requirements (Section 6.4).....

10) INSPECTIONS

- Inspections conducted at least annually and as deemed necessary by El Paso County
- 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.....

INCLUDE WITH THIS APPLICATION:

- Body artist(s) Hepatitis B vaccination records or signed declination
- Body Art Procedure Consent Form.....
- Body Art (or Piercing) Aftercare Instructions.....
- Sterilizer Manual (unless single-use ONLY – write “N/A”)
- Sterilizer monitoring results, including two negative spore tests, OR a letter certifying that only disposable equipment will be used for body art procedures
- Sterilizer Load Log
- Written Infection Control Procedures, including an infectious waste management plan (sharps contract)

I have read the El Paso County Board of Health Chapter 6, Body Art Regulations, in its entirety. As a body art establishment operator, I understand that it is my responsibility to maintain compliance with the regulations, and that noncompliance may subject me to the assessment of substantial civil penalties, or other enforcement action(s) by El Paso County Public Health.

Print Owner Name _____ Date _____

Owner Signature _____