

<p>Highland County General Health District</p> <p>1487 N. High St. Suite 400</p> <p>Hillsboro, OH 45133</p> <p>Telephone: (937) 393-1941</p> <p>Fax: (937) 393-4694</p> <p>Email: info@highlandcountyhealth.org</p>		<p>Body Art Establishments Tattooing/Body Piercing Application</p> <p>For Reviewing facility layout & specifications</p>
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Application for Reviewing Plans & Specifications

No person shall construct, install, provide, equip, or extensively alter a body art establishment until all plans and specifications for the facility layout, equipment and operation have been submitted to and accepted, in writing, by the board of health of the city or general health district in which the business is located.

- **"Body art"** means the practice of physical body adornment, including tattooing, permanent cosmetics and/or body piercing. This definition does not include practices that are considered medical procedures by the state medical board, performed with medical devices that include but are not limited to biopsy or dermal punches and scalpels.
- **"Body art establishment"** means any place, whether temporary or permanent, stationary or mobile, where tattooing and/or body piercing is performed.
- *Note: Some types of permanent cosmetics would be: Microblading, Permanent Eyeliner; Permanent Tightline; Permanent Lip Tinting*

Code:

- ✓ Prior to submitting plans, please review the body art rules to determine what is required to be an operator of a Body Art Establishment.
- ✓ The **Ohio Administrative Code (OAC) Chapter 3701-9** Body Art Rules can be viewed in its entirety at the following website: www.odh.ohio.gov The rules are broken down into various sections:

<p>3701-9-01 Definitions;</p> <p>3701-9-02 Board of health approval;</p> <p>3701-9-03 Fees;</p> <p>3701-9-04 Safety & sanitation standards;</p> <p>3701-9-05 Additional requirements for tattoo services;</p>	<p>3701-9-06 Additional requirements for body piercing services;</p> <p>3701-9-07 Ear piercing gun standards;</p> <p>3701-9-08 Sterilization and disinfection procedures for body art services;</p> <p>3701-9-09 Denying, suspending and revoking approvals</p>
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COST: Refer to the Highland County Health Department's current fee schedule to obtain licensing approval for the following services: r the cost to obtain approval for the following services:

**Tattooing
Combined Body Art**

**Body Piercing
Time-Limited Approval for a Specific Event**

★ **COVID Guidance and recommendations:** <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/home> -

Application for Reviewing Plans & Specifications for Body Art Establishments

Submit to:
Highland County Health Department
Attn. Environmental Health
1487 North High St., Suite 400,
Hillsboro, Ohio 45133
Phone: (937) 393-1941 Fax: (937) 393-4694

Instructions:

1. Complete all applicable sections.
2. Sign and date the application
3. Return payment, signed application, plans, questionnaire and other required information to address above.
 - If mailed: Make a check or money order payable to: Highland County Health Department.
 - If dropped off: Cash, check, money order, or credit card payments can be accepted.

Section I: General Information

These plans are for a:

- New facility (new construction or a facility that has not been licensed in the last year)
- Remodel of a currently approved establishment or
- Time-limited event.

Type of Body Art facility:

- Tattoo (TAT) Services (this includes Microblading, some Tattoo Removal, and Permanent Make-up)
- Body Piercing (BP) Services
- Combined TAT/BP Services

Additional Required Time-Limited Event Information:

- Name of Event:

- Name of event coordinator:

- Contact phone number (____)_____
- Where will your booth be located at the event?

- Dates you will be operating:

- Do you have a currently licensed Body Art Establishment?
 Yes No
- If yes, Provide name and address of facility:

- What county or health jurisdiction is it located in?

Name of Proposed establishment:

Address:	City:	State:	Zip:
		Ohio	

Telephone:	Fax:	e-mail:	Township:
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Name of Operator*:	Operator Occupation:
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Address	City	State	Zip
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Telephone	Fax	e-mail	Township:
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List All persons having an ownership interest of 5% or more in the Corporation/Association/Partnership:

NAME	ADDRESS	PHONE NUMBER
○		
○		
○		
○		
○		

Attach an additional sheet if more space is needed.

Mailing address for approval notification and license renewal (check ONE of the following):
 Owner Address
 Establishment Address

Estimated hours of operation: Mon.: _____ Tues.: _____ Wed.: _____ Thurs.: _____
 Fri.: _____ Sat.: _____ Sun.: _____ By appointment

Estimated construction start date: _____ / _____ / _____ Projected date of completion of project: _____ / _____ / _____

The total area to be used for the business; (Must be a minimum of 100 square feet.):

List of all body artists who have received adequate training and will be performing body art services in this establishment (Note: include a copy of all training records):

Artist Name	Type Of Training			
<input type="radio"/>	<input type="checkbox"/> TATTOO	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogens
<input type="radio"/>	<input type="checkbox"/> TATTOO	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogens
<input type="radio"/>	<input type="checkbox"/> TATTOO	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogens
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Attach an additional sheet if more space is needed.

Section II: Supplemental Required information

WHAT TO SUBMIT TO	Office Use Only Included in submittal?		
<input type="checkbox"/> Signed Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Received: Date Approved/Disapproved:		
<input type="checkbox"/> Payment (Non-refundable & non-transferable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Receipt #: Date Received:		
<input type="checkbox"/> Questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:		
<input type="checkbox"/> Floor Plan drawing (to scale) showing all of the following: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="radio"/> Total area to be used for the business (100 sq. Ft. Min) <input type="radio"/> Area(s) used for used for body art services (36 sq. Ft. Min.) <input type="radio"/> Location of entrances/exits <input type="radio"/> Hand wash sink(s) <input type="radio"/> Number and types of plumbing fixtures including all water supply facilities. </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="radio"/> Storage areas <input type="radio"/> Sterilization area(s) <input type="radio"/> Lighting plan <input type="radio"/> Restroom facilities </td> </tr> </table> </div>	<ul style="list-style-type: none"> <input type="radio"/> Total area to be used for the business (100 sq. Ft. Min) <input type="radio"/> Area(s) used for used for body art services (36 sq. Ft. Min.) <input type="radio"/> Location of entrances/exits <input type="radio"/> Hand wash sink(s) <input type="radio"/> Number and types of plumbing fixtures including all water supply facilities. 	<ul style="list-style-type: none"> <input type="radio"/> Storage areas <input type="radio"/> Sterilization area(s) <input type="radio"/> Lighting plan <input type="radio"/> Restroom facilities 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Received: Comments:
<ul style="list-style-type: none"> <input type="radio"/> Total area to be used for the business (100 sq. Ft. Min) <input type="radio"/> Area(s) used for used for body art services (36 sq. Ft. Min.) <input type="radio"/> Location of entrances/exits <input type="radio"/> Hand wash sink(s) <input type="radio"/> Number and types of plumbing fixtures including all water supply facilities. 	<ul style="list-style-type: none"> <input type="radio"/> Storage areas <input type="radio"/> Sterilization area(s) <input type="radio"/> Lighting plan <input type="radio"/> Restroom facilities 		
<input type="checkbox"/> Listing of all equipment to be used, including the manufacturer and model numbers;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:		
<input type="checkbox"/> Written Verification from the zoning authority and building department that the proposed location has been zoned and approved for business use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:		
<input type="checkbox"/> Water supply for the facility: <input type="checkbox"/> public <input type="checkbox"/> non-public (ie private well/spring/holding tank) <input type="checkbox"/> For non-public and semi-public provide copy of Ohio EPA approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:		
<input type="checkbox"/> Documentation of appropriate training in body art procedures. - Training can consist of courses, seminars, apprenticeships, or other training.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:		
<input type="checkbox"/> Proof that all persons performing body art services for the business have received training in the following: (Certificates must be current) <ul style="list-style-type: none"> <input type="radio"/> First aid; <input type="radio"/> Standard precautions for preventing transmission of blood borne and other infectious diseases; <input type="radio"/> Appropriate body art after care. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:		

<input type="checkbox"/> A copy of your establishment’s Infection Prevention & Control Plan (IPCP). You must maintain your plan on the premises, review, and update it as necessary. At minimum the plan should include the following: <ul style="list-style-type: none"> ○ Decontaminating & disinfecting environmental surfaces, ○ Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments; ○ Protecting clean instruments & sterile instruments from contamination during storage; ○ Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures; ○ Safe handling and disposal of needles; ○ A copy of aftercare guidelines. Ohio Administrative Code 3701-9-01(A) the guidelines shall include, but not be limited to, information about physical restrictions, wound care, signs and symptoms of infection, and when to seek medical treatment, if necessary. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:
<input type="checkbox"/> A copy of Written Client Consent form that the facility will require the patrons to complete. At minimum the consent form should include the following: <ul style="list-style-type: none"> ○ Patron’s name ○ Patron’s address ○ Date of service ○ Space for body artist to record tattoo information (color & manufacturer of all inks, dyes, or pigments used) Description of work. ○ Space/prompting for body artists to record jewelry used, including size, material composition and manufacturer for each piercing ○ Placement of the procedure 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:
<input type="checkbox"/> Sterilization Log (should include the date, time, name of operator, and integrator indicator results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments:
<input type="checkbox"/> A Biological Indicator (Spore Test) Log that includes the date, time, name of operator, and test results. Include name of testing entity.	
<input type="checkbox"/> Minor Consent Forms to be used.	

Section III: Compliance Questionnaire

<p>Please answer each question – if it does not apply to your facility please mark “N/A”. If you have questions on how to answer please place a “?” mark and a sanitarian will review it with you prior to licensing.</p>	Office Use Only Comments/concerns:
<input type="checkbox"/> Total Area to be used for the business:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Amount of floor space available for each individual performing body art service.	
<input type="checkbox"/> List the name of the independent lab that you will use to conduct biological indicator test:	
<input type="checkbox"/> Describe how and where sterilized equipment will be stored.	
<input type="checkbox"/> When shaving for body art is necessary, will you use disposable razors? <input type="checkbox"/> Yes <input type="checkbox"/> No: If NO , describe your process:	

<input type="checkbox"/> Number of handwashing sinks provided in the establishment?	
<input type="checkbox"/> Will clean, previously unused gloves be provided for each body art procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No: If <u>NO</u> , describe your process:	
<input type="checkbox"/> Describe how privacy, when requested, will be provided to patrons receiving body art services:	
<input type="checkbox"/> Will the floor finish directly under equipment used for body art be impervious, smooth, and washable? <input type="checkbox"/> Yes <input type="checkbox"/> No: If <u>NO</u> , describe the finishes:	
<input type="checkbox"/> Lighting: Will a minimum of at least 20 foot-candles of artificial light be provided throughout the establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No: If <u>NO</u> , describe the lighting method:	
<input type="checkbox"/> Lighting: Will a minimum of at least 40 foot-candles of artificial light be provided at all areas where body art services are performed? <input type="checkbox"/> Yes <input type="checkbox"/> No: If <u>NO</u> , describe the lighting method:	
<input type="checkbox"/> Animals: Will animals, <u>other than</u> service animals (patrol dogs, guide dogs, support animals) accompanying persons they are assigned to, be permitted in the body art establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No: If <u>YES</u> , describe your policy:	
<input type="checkbox"/> Restrooms: Will restrooms be available to body artists and patrons during regular business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Restrooms: Will restrooms be equipped with toilet, toilet paper installed in a holder, handwashing sink supplied with hot and cold running water, soap, and single-use towels or mechanical hand dryer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Water source: Will your establishment be connected to a public water system? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide a copy of the Ohio EPA approval for your private water system.)	
<input type="checkbox"/> Solid Waste: Will sufficient and appropriate receptacles be provided for the disposal of refuse and single-use instruments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Solid & Infectious Waste: Will all waste items (including, but not limited to needles, razors, and other supplies) capable of causing lacerations or punctures be disposed of in accordance with the applicable standards of OAC 3745-27? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe your process to handle waste:	

Other Agencies that may need to be contacted:	
Fire Code Requirements and inspections	Your Local fire authority or the State Fire Marshall State Fire Marshall (614) 728-5460
Sewage and Water	Ohio EPA - Division of Surface Water – SW District Office, 401 E. Fifth St., Dayton, Ohio 45402, Phone:(800)686-8930 or (937)285-6357 Highland County Health Dept. (937)393-1941 - Water samples are taken Monday afternoons.
Building	Building, Electrical Department of Commerce - Bureau of Construction Compliance Reynoldsburg Central Office 6606 Tussing Rd., PO 4009, Reynoldsburg, Ohio 43068-9009 <ul style="list-style-type: none"> ○ Customer Service: (614)644-2622 or (800)523-3581 ○ Division of Liquor Control:(614)644-3155 ○ Greenfield Building Inspector:(937)981-3048 ○ Hillsboro Building Inspector (937)393-5219 ○ Clinton County Building Dept. (for Lynchburg area): 937-382-5134
Zoning	Any zoning permits/requirements – Local township trustees or village officials
Plumbing	Highland County Plumbing Inspector: JD Crowe: Cell phone = 937-999-7586; Email = JDCrowe@clincohd.com *Applications/fees are submitted to the Highland Co. Health Dept.

I hereby attest that, as the owner and operator of this body art establishment, I full intend to comply with all the requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and the rules of Section 3701.09 of the Ohio Administrative Code.

Name:	Signature:	Date
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Office Use Only:

<input type="checkbox"/> Signed Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Received: _____ Date Approved/Disapproved: _____
<input type="checkbox"/> Payment (Non-refundable & non-transferable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Receipt #: _____ Received: _____
<input type="checkbox"/> Inspection(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Received: _____
<input type="checkbox"/> All required supplemental paperwork	
<input type="checkbox"/> Plans: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____ <input type="checkbox"/> Forms: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____ <input type="checkbox"/> Training <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____, Received: _____, Received: _____ <input type="checkbox"/> Other agencies approvals: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____ Agency: _____ <input type="checkbox"/> Other agencies approvals: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____ Agency: _____ <input type="checkbox"/> Other agencies approvals: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____ Agency: _____ <input type="checkbox"/> Other agencies approvals: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____ Agency: _____	
<input type="checkbox"/> Questionnaire <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dates(s) Received: _____	