



SANDUSKY COUNTY PUBLIC HEALTH



Plan Review Application: New Body Art Establishment or Time-Limited Event

APPLICATIONS FOR A TIME-LIMITED EVENT SHOULD BE SUBMITTED AT LEAST 10 DAYS PRIOR TO THE EVENT START DATE.

In accordance with section 3730.02 of the Revised Code, no person shall operate a business offering body art services without first obtaining approval of the board of health in the jurisdiction in which the business will operate.

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS (OR EVENT): _____

CITY, STATE & ZIP: _____

BUSINESS PHONE: _____ BUSINESS EMAIL: _____

NAME OF OPERATOR: _____

OPERATOR PHONE: _____ OPERATOR EMAIL: _____

DATE & TIME OF EVENT (if Time Limited Event): _____

TYPE OF BUSINESS:

☐ Tattoo Only ☐ Piercing Only ☐ Tattoo & Piercing ☐ Time-Limited Event

"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."

☐ Submit a floor plan that includes:

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

☐ Submit a written verification from the zoning authority and building department having jurisdiction that the building has been zoned and approved for the business use; (Not required if Time-Limited Event)

☐ Submit a 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.

☐ Submit the following records:

- a. Records of completion of courses or seminars in body art offered by authorities recognized by the board of health as qualified to provide such instruction; or
- b. Written statements of attestation by individuals offering body art apprenticeships that the person has received sufficient training of adequate duration to completely perform body art services; or
- c. Other documentation acceptable to the board of health.
- d. 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:
 - a. First aid; and
 - b. Standard precautions for preventing transmission of bloodborne and other infectious diseases.

☐ Read Ohio Administrative Code 3701-9 Tattoo and Body Piercing Services in its entirety.

Please ensure all materials have been completed or gathered above prior to submitting the plan review application. Completed plan review applications can be submitted to Sandusky County Public Health at 2000 Countryside Drive Fremont, OH 43420 for review by an Environmental Health Specialist.

By signing this document, you agree that the information provided is complete and accurate to the best of your knowledge and that incomplete plans may delay the plan approval process.

Signature

Date

LICENSOR TO COMPLETE BELOW

Plan Review Application has been: ☐ Approved ☐ Disapproved

If disapproved, provide Reason: _____

Date Application Rec'd:

Date Application Approved/Disapproved:

Plans Reviewed By: