

Plan Review Request for a Tattoo and/or Body Piercing Establishment



**HAMILTON COUNTY
PUBLIC HEALTH**

PREVENT. PROMOTE. PROTECT.

*Timothy I. Ingram
Health Commissioner*

*250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219*

*Phone 513.946.7800
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hamiltoncountyhealth.org

INSTRUCTIONS:

1. Complete the form and attach all requested information.
2. Sign and date the form.
3. Mail to: **Hamilton County General Health District
Attn: Waste Management Division
250 William Howard Taft Road, 2nd Floor
Cincinnati, Ohio 45219**

BUSINESS INFORMATION:

Name of Tattoo and/or Body Piercing Business: _____ Tax ID#: _____

Address: _____
Street

_____ City State Zip Code

Phone Number: (_____) _____ - _____

- 1) Number of Employees _____.
- 2) Number of Employees Performing Tattooing or Piercing _____.
- 3) Attach Resumes for Each Employee in Number 2. Include all experience and training received to satisfy Ohio Administrative Code (OAC) 3701-9-02(5)(a) and OAC 3701-9-02(5)(b).
- 4) Submit a Floor Plan Drawn to Scale Marking the Location of all Furniture, Fixtures, Restrooms, Equipment, etc. as required in OAC 3701-9-02(4) and 3701-9-04(A).
- 5) Attach a List of Equipment and Type or Manufacturer.
- 6) Is the Operation Listed Above Located in an Area Zoned for Business? ____ (Y/N)
- 7) Attach Copy of Contingency Plan if Sterilizing Unit Fails.
- 8) Explain Procedure for Weekly Biological Monitoring.
- 9) Attach a Copy of Patron Consent or Authorization Form.
- 10) Attach a Copy of All Aftercare Information.

I HEREBY CERTIFY THAT I AM THE OPERATOR, OR AUTHORIZED REPRESENTATIVE OF THE ABOVE OPERATION AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTIONS 3730.01 to 3730.11 OF THE OHIO REVISED CODE AND SECTIONS 3701-9-01 to 3701-9-09 OF THE OHIO ADMINISTRATIVE CODE.

Signed: _____ Date: _____