

Plan Review Request for a Body Art Establishment

BUSINESS INFORMATION:

Name of Body Art Establishment: _____

Address: _____

Street

City

State

Zip Code

Phone Number: (____) _____ - _____

Tax ID#: _____

- 1) Number of employees _____.
- 2) Number of employees performing tattooing or piercing _____.
Attach a copy of each artist's photo ID
Attach a copy of each artist's current first aid training certificate
Attach a copy of each artist's current bloodborne pathogen training certificate
Attach copies of each artist's proof of apprenticeship or training in body art

3) Additional required items:

A floor plan drawn to scale marking the location of all entrances, exits, sinks, restrooms, equipment, etc. as required in OAC 3701-9-02(B) and 3701-9-04

Written verification from the zoning authority and building department having jurisdiction that the building has been zoned and approved for the business use

Completed copy of the infection prevention and control plan (IPCP) or an equivalent plan

Patron consent or authorization forms to be used

Parental consent form if patrons under the age of 18 will be pierced/tattooed

Procedure record forms

Aftercare information to be provided to patrons

Log used for steam sterilizer loads (*if applicable*)

Log used to demonstrate employee training on the IPCP

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: _____