

Our Mission



To use best practices to prevent illness, protect our health, and promote well-being.

TATTOO/BODY PIERCING PLAN REVIEW APPLICATION

Please Note: Application Fee of \$250 is non-refundable – Due with Submission of Plan Review

Category: Tattooing	g Services $\ \square$ Body Piercing Services $\ \square$ Coml	bined Body Art Services \square Time-Limited
Name of Establishment: _		
Address:		
Phone # (if available):		·····
Name of Owner:		
Phone #:		
Applicant's Name:		
Title (owner, manager, ard	chitect, etc):	
Mailing Address:		
Phone #:		
	oplications to the following authorities on t	
☐ Mid-East Ohi	o Building Department/City of Zanesville Buildi	ng Department
□ Zoning (Local)	□ EPA – Water/Sewage	□ Plumbing
□ Cert	ificate of Occupancy (Provided to Health Depart	tment)
Approval or exemp	otion notice is required for all above	authorities prior to approval to
	operate.	
Hours of Operation:	_	
Monday:		_
☐ Tuesday:		_
☐ Wednesday:		_
	☐ Sunday:	

Total Square Feet of Facility: (100 sq. ft. minimum) Number of Floors on which operations are conducted:
Projected Date for Start of Project:
Projected Date for Completion of Project:
Please enclose the following documents:
Required forms (Consent form, Aftercare instructions, Weekly spore test log, Record of dye colors/lot numbers Infection Prevention Plan, Exposure Response Plan)
\square Manufacturer Specification sheets for each piece of equipment shown on the plan
☐ Equipment List
 Plan Drawn to scale of establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
☐ Records of completion/certifications <u>for each artist</u> in First Aid, preventing transmission of infectious diseases and blood borne pathogens.
CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS
1. Provide plans that are a minimum of 8.5x11 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
Show the location of all equipment. Each piece of equipment must be clearly labeled on the plan with its common name.
3. Label and locate sink(s).
Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of tattooing/body piercing.
5. Include and provide specifications for:
a. Entrances, exits, loading/unloading areas and docks.
b. Lighting plan with protectors;
(1) At least 20 foot candles at a distance of 30 inches above the floor throughout the establishment.
(2) At least 40 foot candles at the level where the tattooing or body piercing is being performed.
c. Number, location and types of plumbing fixtures, including all water supply facilities.
d. Location of exposed overhead waste-water lines if applicable.
e. Cabinets for storing toxic chemicals.
f. Dressing rooms, locker areas, and/or employee rest areas.
Tattoo/ Piercing Supplies: 1. How will supplies be protected and stored off the floor?
2. Are containers constructed of safe materials to store products?

	Indicate type:
3.	Will sharps containers be used? If yes, where will they be located? NO
<u>CI</u>	eaning/ Sterilization procedures:
1.	Will your facility be using instruments or jewelry that will require sterilization? \square YES \square NO
2.	Will an ultrasonic type machine be used in your facility? $\ \square$ YES $\ \square$ NO
	If YES, what disinfectant will be used in the ultrasonic machine?
3.	How will work surfaces in tattoo/ piercing areas be cleaned and disinfected?
4.	How will jewelry be sterilized prior to performing piercings?

Finish Schedule:

Applicant must list which materials (quarry tile, stainless steel, 4" plastic covered molding, carpet, etc.) will be used in the following areas.

	Floor	Coving/Edging	Walls	Ceiling
Tattooing areas				
Piercing areas				
Storage areas				
Equipment cleaning				
Toilet Rooms				

Insect And Rodent Control: Plea	ase check appropria	ate boxes.	
 Will all outside doors be sell and rodent proof? 		☐ YES	□ NO
2. Is area around building clea	r of		
unnecessary brush and other	er harborage?	☐ YES	\square NO
Garbage and Refuse:			
<u>Inside</u>			
1. Do all containers have lids?	☐ YES	□ NO	
Will refuse be stored inside? If YES, where?	☐ YES	□ NO	
3. Is there an area designated for garba	age can or floor mat	cleaning?	yes 🗆 no
<u>Outside</u>			
4. Will a dumpster be used?	☐ YES	\square NO	
Number:			
Frequency of pickup:			
Contractor:			
Contractor:			
5. Will garbage cans be stored outside?	P ☐ YES	\square NO	
6. Describe surface and location where	dumpster/compacto	r/garbage cans a	are to be stored:
ater Supply:			
1. Is water supply public or private?	☐ Public ☐	Private	
2. If private, has source been approved?	? □ YES	\square NO	☐ PENDING
*** <mark>Please attach copy of written app</mark>	oroval and/or permit		
wage Disposal:			
1. Is building connected to a municipal s	sewer?	YES	NO
Revised 8-19			

2. If no, is private disposal system appr	roved?	☐ YES	\square NO	☐ PENDING	
*** <mark>Please attach copy of written a</mark>	pproval and/or p	<mark>ermit.</mark>			
Handwashing/Toilet Facilities:					
1. Is there a handwashing sink in close	proximity to all t	attooing or body	piercing areas?	☐ YES	\square NO
2. Is hand cleanser available at all hand	dwashing sinks?	☐ YES	□ NO		
3. Are hand drying facilities (paper tow	els, air blowers,	etc.) available at	all handwashing	; sinks? 🗌 YES	□ NO
4. Are waste receptacles available in ea	ach restroom?	☐ YES	□ NO		
5. Are hot and cold running water und	er pressure availa	able at each hand	dwashing sink?	\square YES	\square NO
Date Received:					
Received By:					
Receipt #:					
Payment Method:					
Receipted By:					



NEW TATTOO ESTABLISHMENT STEP BY STEP GUIDE TO LICENSING

- 1) Submit 2 sets of plans and plan review applications for tattoo service and plumbing to Health Department with fees for review and approval.
- 2) Depending on the location of your establishment, Zoning or City of Zanesville Code Enforcement may require consult for plan approval and construction requirements. Please contact the applicable agency for a consult.
- 3) Sewage Treatment If on public sewer contact sewer authority for connection. If your facility will be served by an onsite sewage treatment system you will need approval from OEPA or Health Department depending on the volume of waste water generated. Consult with Health Department sewage sanitarian for assistance.
- 4) Water If public water is not available contact the Ohio EPA approval of the water system.
- 5) Consult with government agencies for permits and installation requirements. Once permits and approvals have been obtained you can start construction.
- 6) Required Construction Inspections:
 - a. Plumbing Department Underground inspection, Rough-in Inspection, & Final Inspection.
 - b. Building Department Footers, Walls/Framing, Electrical & HVAC Rough In, Concrete, Insulation, Finishes, Final Inspection: Electrical, Mechanical, Structural, Fire Suppression
 - c. OEPA water system installed, tested, and approved
 - d. OEPA or Health Department sewage system installed and approved
 - e. Tattoo Sanitarian Inspections Call for final inspection after you have approvals from the above

YOU CAN NOT PERFORM TATTOOING/BODY PIERCING WORK WITHOUT A LICENSE

Contact Information:

Health Department: 740-454-9741

Sharon Gibs, Administrative Assistant – Environmental ext. 282 **Jason Tilton**, Registered Env Health Specialist – Tattoo Program ext. 291

Government Contacts:

OEPA: 800-686-7330

County Water Department: 740-453-0670 County Sewer Department: 740-452-4940 Zanesville Water Department: 740-452-7111 Zanesville Sewer Department: 740-455-0641 City of Zanesville Zoning: 740-614-4879

City of Zanesville Code Enforcement: 740-617-4890 Mid-East Building Department: 740-455-7905

Infection Prevention and Control Plan 3701-9-02(B)8

- Decontaminating and disinfecting environmental surfaces
- Decontaminating, packaging, sterilizing and storing reusable equipment and instruments
- Protecting clean instruments and sterile instruments from contamination during storage
- Ensuring that standard precautions and aseptic techniques are utilized during all procedures
- Safe handling and disposal of needles
- Aftercare guidelines

Exposure Control Plans

- 1. Stay Calm
- 2. Get customer/afflicted to bathroom or another controllable area
- 3. Alert other employees to the situation
- 4. Wash hands and put on gloves
- 5. Contain bodily fluids with paper towels
- 6. If sparse blot up with paper towels
- 7. Dispose of saturated paper towels in one of the biohazard cans
- 8. Carry biohazard bags directly to the main biohazard bin
- 9. If hard surface affected, whip with Sani-cloth or other hard surface disinfectant.
- 10. If carpet is affected, whip with Sani-cloth or other disinfectant and notify supervisor so carpet can be professionally cleaned.
- 11. Make a copy of this sheet and write a description of exposure on back—review with supervisor and sign.

Name	Date	