

BODY ART FACILITY PLAN REVIEW
Instructions and Application Forms

USE THIS PACKET TO HAVE PLANS REVIEWED FOR CONSTRUCTING A BODY ART ESTABLISHMENT OR REMODELING AN EXISTING FACILITY, A MOBILE BODY ART UNIT OR A TEMPORARY/SPECIAL EVENT.

INSTRUCTIONS:

Please follow all instructions in the plan review application. An incomplete application will delay the inspection and approval process.

***** PLANS SUBMITTED MUST INCLUDE 1 COPY TO BE RETAINED BY JEFFERSON COUNTY PUBLIC HEALTH (JCPH) *****

PLAN REVIEW FEES (payable to Jefferson County Treasurer)

- Application fee (payable at time of application) \$ 80.00
- Plan review fee and Inspection Fees: Included with application fee.

BODY ART LICENSE FEES

- Permanent Fixed Body Art Establishment **\$100.00**
- Mobile Body Art Unit **\$100.00**
- Temporary Body Art/Special Event **\$100.00**

PROCESSING TIME

Allow 10-14 days for review. Incomplete applications will delay this process. The primary contact person will be notified when the review is complete.

<u>For JCPH Use Only</u>		
<u>Sub Type</u>	<u>Review Type</u>	<input type="checkbox"/> AMANDA File Created
<input type="checkbox"/> Fixed	<input type="checkbox"/> New Facility	Admin. Initials
<input type="checkbox"/> Mobile	<input type="checkbox"/> Remodel	Date
<input type="checkbox"/> Temp		
<input type="checkbox"/> Special Event		
<input type="checkbox"/> Non-Regulatory		
Date:		

NOTES

If this proposal is to remodel an existing facility, a site visit by JCPH is required as part of the plan review process.

JCPH CONTACTS:

Kelly McGregor
303 271-5766
kmcgrego@jeffco.us

Jon Vickery
303 271-5764
jvickery@jeffco.us

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division
645 Parfet Street, Lakewood, CO 80215
(303) 232-6301 FAX (303) 271-5760
jeffco.us/public-health

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

TYPE OF ESTABLISHMENT (circle one):

- Permanent Fixed Building
- Mobile Unit
- Temporary/Special Event

NUMBER OF ARTIST STATIONS: _____ **Total Square Feet of Establishment:** _____

WORK PROPOSED:

- New construction Remodel of existing facility (name) _____
- Existing establishment

Day(s) of Operation: S M T W T H F S A **Hours of Operation:** _____ to _____

Number of body artists the establishment is designed for: _____

Number of body artists working in the establishment at opening: _____

DESIRED OPENING DATE:

PART I – CONTACT INFORMATION

Applicant/Operator _____

Address _____

City/ST/Zip _____

Phone (_____) _____ Fax(_____) _____

Email: _____

Property Owner _____

Address _____

City/ST/Zip _____

Phone (_____) _____ Fax(_____) _____

Email: _____

PART II – WATER, WASTEWATER and WASTE DISPOSAL SERVICE

POTABLE WATER SUPPLY

Water service must be provided either by a public water district or a well which has been approved as a non-community water system and assigned a public water system identification number (PWSID). *Mobile Units please provide the source of the water.

Please indicate the source of water for the facility:

() INDIVIDUAL WATER WELL
Provide PWSID number _____

() PUBLIC WATER SYSTEM
Show name of water district _____

*Mobile Units please provide storage (in gallons) of the potable water tank(s):_____

WASTEWATER DISPOSAL

Wastewater disposal must be provided either by a public sewer system or an individual sewage disposal system that has been designed and approved for that purpose. *Mobile Units please provide the site where wastewater will be disposed of.

Please indicate the method of wastewater disposal for the facility.

() INDIVIDUAL SEWAGE DISPOSAL SYSTEM*
Provide permit number _____

**If the existing system is not currently approved for commercial use, approval of the Board of Health is required. Call the program coordinator at 303 271-5759 for information.*

() PUBLIC SEWER SYSTEM
Name of Sanitation District _____

*Mobile Units please provide storage (in gallons) of the wastewater tank(s):_____

SHARPS and BIO-HAZARDOUS WASTE DISPOSAL

Will you be using only single-use, disposable instruments? YES NO

Will you be sterilizing the instruments onsite? YES NO

*On site cleaning and sterilization units for use in mobile units is prohibited.

If **YES**, attach specification sheet for autoclave and copies of the forms you will use for STERILIZER LOGS and the required SPORE TEST.

If **NO**, list source of sterilized instruments: _____

Body art facilities will generate bio-hazardous waste during the course of their operation, including disposable sharps (instruments), blood-stained bandages, towels etc. that must be properly handled and disposed of at an approved off-site facility. Prior to commencing operation you must have made arrangements for the handling of bio-hazardous waste with an approved company

✓ **ATTACH copy of service agreement with your bio-hazardous waste company.**

INTERIOR SURFACE FINISH SCHEDULE

Complete the following, showing the various finish materials for each room:

SURFACE	Waiting Area	Procedure Areas	Storage Areas
Floors			
Walls			
Ceilings			
Cove moldings			

(See minimum requirements on Page 3)

BASIC INTERIOR FINISH REQUIREMENTS All interior surfaces shall be durable, smooth, non-absorbent and easily cleanable except as noted below. Typical materials include:

FLOORS: Industrial grade linoleum, quarry tile, coated and sealed cement. Commercial-type carpet is permitted only in office and waiting area. Storage areas and restroom areas shall be linoleum, tile or similar material. Floor-wall (cove) junctures shall be tightly covered to facilitate cleaning and maintenance.

WALLS: Stainless steel panels, fiber-reinforced plastic (FRP) board, tile (sealed), painted and sealed gypsum board.

CEILINGS: Painted and sealed gypsum board, painted and sealed acoustical tile.

PLUMBING SCHEDULE

Complete the following table showing the **number** of fixtures per room. Write 'N/A' if that fixture will not be present in that room. Unless separate restrooms are provided, show all restroom fixtures in the 'shared restroom' row. See minimum requirements on page 4.

ROOM	Hand sinks	Urinals	Toilets
<i>Procedure area 1</i>			
<i>Procedure area 2</i>			
<i>Procedure area 3</i>			
<i>Men's restroom</i>			
<i>Women's restroom</i>			
<i>Shared restroom</i>			
<i>Sterilization room</i>			

BASIC PLUMBING FIXTURE REQUIREMENTS

The following plumbing fixtures are required for each body art facility:

PROCEDURE AREAS:

At a minimum, a hand sink with hot and cold running water mixing faucet, soap and paper towels for EACH procedure area. All sinks shall be provided with cold water and hot water (minimum of 90 degrees F) as well as soap and paper towel dispensers.

RESTROOM: At a minimum a water closet (toilet) and hand sink with hot and cold water mixing faucet, soap and paper towels. (minimum of 90 degrees, not exceeding 120 degrees F for sinks accessible by children)

OTHER: Utility sinks, instrument cleaning sinks and hand sinks shall be separate and must only be used for their designated purpose. A conveniently located utility sink or curbed cleaning facility provided with hot and cold water shall be provided and used for the cleaning of mops or similar wet floor cleaning materials, and for the disposal of mop water or similar liquid wastes in newly constructed, new ownership or extensively remodeled establishments.

WATER HEATER(S)

Please provide the following information regarding the facility water heater(s):

Make	Model	BTU	90° Recovery Rate

OTHER REQUIREMENTS

LIGHTING: At least fifty (50) foot candles of artificial light shall be provided at the level where the procedure is performed.

EQUIPMENT

SURFACES: All surfaces, including but not limited to counters, tables, equipment chairs recliners, shelving and cabinets in the procedure area and instrument cleaning room shall be made of smooth, nonabsorbent materials to allow for easy cleaning and disinfection.

PART IV – TERMS AND CONDITIONS OF APPLICATION

In applying for this body art facility plan review, I hereby authorize the health officer and / or their representative to determine compliance with the **JEFFERSON COUNTY PUBLIC HEALTH RULES AND REGULATIONS GOVERNING BODY ART ESTABLISHMENTS IN JEFFERSON COUNTY, COLORADO** for the purpose of constructing a body art facility. I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this proposed body art facility.

OWNER / APPLICANT

DATE

Please attach the following:

1. Floor plan drawn to scale including:
 - ✓ Location and identification of all equipment and areas.
 - ✓ Complete attached "Interior finishes" sheet. (See page 3 of this application.)
 - ✓ Lighting fixtures and wattage in procedure and instrument cleaning and sterilization areas.
 - ✓ Location of all hand sinks in each procedure area and toilet room.
 - ✓ Separation of areas used for cleaning equipment, wrapping/packaging equipment and for handling and storage of sterilized equipment.
 - ✓ Location of instrument cleaning sinks & utility sinks.
 - ✓ Refuse containers.
 - ✓ Waiting areas.
 - ✓ Laundry area including clean and soiled laundry storage areas.
 - ✓ Fish aquariums & service animal areas.
 - ✓ Chemical storage.
 - ✓ Sharps and regulated waste storage containers.
 - ✓ Instrument disinfectant soaking area.
 - ✓ Instrument Sterilizer. (*On site cleaning and sterilization units for use in mobile units is prohibited.)
 - ✓ Instrument Sterilizer manual. (Description of how items will be sterilized, if sterilization is occurring).
 - ✓ Instrument Sterilizer load log.
 - ✓ Sterilizer monitoring documentation.
 - ✓ List of single use items to be used.
 - ✓ Storage of client & employee records.
2. Written Infection and Exposure Control Procedures (available on the web), Including:
 - ✓ Instrument cleaning and sterilization.
 - ✓ Cleaning and disinfection of the procedure area(s).
 - ✓ Universal precautions procedures.
 - ✓ Post exposure procedures.
 - ✓ Use of personal protective equipment.
 - ✓ Hand washing procedures.
 - ✓ Chemical Storage and Safety.
 - ✓ Injury and illness prevention; and
 - ✓ Infectious Waste Management plan consistent with CRS 25-15-401.
3. Description of antiseptic and disinfectant products to be used.
4. Written Procedures for tattooing.
5. Written Procedures for body piercing.
6. Written Client Consent Form & Aftercare Instructions

**BODY ART PROGRAM
MINIMUM QUALIFICATIONS
FOR BODY ARTISTS**

DATE: _____

NAME: _____

PART I - HEPATITIS B VACCINATION

Prior to working in a body art establishment, all persons with the potential for handling sharps and / or infectious waste must complete the following certification regarding hepatitis B. Check either of the statements that apply:

- () I have been vaccinated against the hepatitis B virus and a copy of my vaccination certification is attached.
- () I understand that due to my potential occupational exposure to blood of other potentially infectious materials I may be at risk of acquiring hepatitis B (HBV) infection. I understand that by declining to be vaccinated I continue to be at risk of acquiring hepatitis B, a serious disease.

Signature

Date

PART II – UNIVERSAL PRECAUTION TRAINING

To demonstrate your knowledge of Universal Precautions you must attach either:

- a copy of a license or registration from a jurisdiction that requires Universal Precautions training,

OR

- a Certificate of Completion for a Universal Precautions training course offered by the American Red Cross or equivalent.

PART III – BLOODBORNE PATHOGEN COURSE

- ✓ Provide proof of successful completion of a bloodborne pathogen course within 30 days of hire; must be renewed every year.
- ✓ A Certificate of Completion shall be posted in a conspicuous place visible to patrons and available upon inspection.

NOTE: All documents must remain on file and be available for inspection while the above named employee is employed by the facility and for a minimum of one (1) year after the employee has terminated their employment.