FORM
5200

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division
1801 19th Street, Golden CO 80401
(303) 271-5700 FAX (303) 271-5760
www.jeffco.us/health

FORM
5200

BODY ART FACILITY PLAN REVIEW
Instructions and Application Forms

USE THIS PACKET TO HAVE PLANS REVIEWED FOR CONSTRUCTING A BODY ART FACILITY OR REMODELING AN EXISTING FACILITY. THIS PLAN REVIEW IS REQUIRED FOR THE DEPARTMENT TO APPROVE A CERTIFICATE OF APPROVAL AND TO ALLOW A BUILDING PERMIT.

INSTRUCTIONS

The following must be submitted to process your plan review request:

1. *Completed plan review application (pg 1-4)*
2. *Required documents, procedures and forms, including after care instructions for clients, exposure plan, and copies of Page 5 for each artist*
3. *Floor plan of the facility*
4. *Check, with appropriate fee (below), payable to Jefferson County Department of Health and Environment.*

FEE: **$80.00** **(payable to Jefferson County Treasurer)**

NOTES

If this proposal is to remodel an existing facility, a site visit by Department staff may be required as part of the plan review process. There is no additional charge for this visit.

Once the plans have been reviewed the Department will provide an approval letter detailing the specific terms of approval and will provide the appropriate record forms that you will use in your operation for maintaining client records. A pre-opening inspection is typically required and will be made at no extra charge when the facility is about to open to the public.

PROCESSING TIME

Please allow 7-10 working days for review. Incomplete applications or missing plans or documents will delay this process.

DEPARTMENT CONTACTS:

Kelly McGregor
303 271-5766
kmcgrego@jeffco.us

Chris Kennedy
303 271-5739
ckennedy@jeffco.us

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FACILITY NAME: _____

FACILITY ADDRESS: _____

FEE: **$80.00**

TYPE OF FACILITY: BODY ART

WORK PROPOSED

□ New construction □ Remodel of existing facility (name) _____

DESIRED OPENING DATE: _____

PART I – CONTACT INFORMATION

(Include all that are appropriate)

Applicant _____
Address _____
City/ST/Zip _____
Phone (_____)_____Fax(_____)_____
Email: _____

Owner _____
Address _____
City/ST/Zip _____
Phone (_____)_____Fax(_____)_____
Email: _____

Manager or person who will be in charge of the facility if different from applicant, and a copy of their Denver Body Art license (if available):

Name _____
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).

Please indicate the source of water for the facility:

( ) INDIVIDUAL WATER WELL
Provide PWSID number _____

( ) PUBLIC WATER SYSTEM
Show name of water district _____

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.

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 _____

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

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

PART III – CONSTRUCTION SPECIFICATIONS and SCHEDULES

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
Procedure area 1			
Procedure area 2			
Procedure area 3			
Men's restroom			
Women's restroom			
Shared restroom			
Sterilization room			

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.

RESTROOM: At a minimum a water closet (toilet) and hand sink with hot and cold water mixing faucet, soap and paper towels.

OTHER: All sinks shall be provided with cold water and hot water (not exceeding 120 degrees F for sinks accessible by children) as well as soap and paper towel dispensers or hand-drying device. Mop sink required for janitorial room.

WATER HEATER(S)

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

Make	Model	BTU	90^0 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 **RULES AND REGULATIONS GOVERNING BODY ART IN THE STATE OF 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 / AGENT **DATE**

Jefferson County Public Health
Environmental Health Services Division
1801 19th St, Golden CO 80401 (303) 271-5700

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.

NOTE: This document 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.