

Plan Review Request for a Body Art Establishment



PREVENT. PROMOTE. PROTECT.

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Dept. 93 Cincinnati, OH 45237
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Website: hcph.org

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: _____