

Check List for Plan Approval of Body Art Facilities

Plans for:

Name of Facility _____

Address _____

Owner _____

Architect/Contractor _____ Number of procedure areas _____

Date Received _____ Date(s) Reviewed _____

Plans Approved: Yes () No () Date Approved _____

***NOTE: See addendum letter dated _____ ***

FLOORS, WALLS, AND CEILINGS

| Room Name | Floor Finishes | Wall Finishes | Ceiling Finishes | Approved | Not Approved (describe why) |
|-----------|----------------|---------------|------------------|----------|--------------------------------|
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* = Not Approved

** = Submit Samples

NS = Need Statement

| | | <u>Approved</u> | <u>Not Approved</u> |
|-------------|--|-----------------|---------------------|
| I. | <u>Miscellaneous</u> | | |
| | (a) Separation of procedure, retail, and sterilization areas | | |
| | (b) List of procedures offered (forms submitted) | | |
| | (c) Single use sterile items provided | | |
| | (d) Adequate work space provided in procedure area - ___ ft ² | | |
| | (e) Provisions for client privacy provided in procedure area | | |
| II. | <u>Effective Pest Control</u> | | |
| III. | <u>Facilities for Employees</u> | | |
| | (a) Adequate hand washing lavatories and conveniently located | | |
| | (b) Liquid soap & sanitary towels installed at all hand sinks | | |
| | (c) Hot and cold water supplied to all hand sinks with a mixing-type faucet (no aerator) | | |
| IV. | <u>Sewage Disposal</u> | | |
| | (a) Site approval by County Health Department if private sewage disposal system proposed | | |
| | (b) Private or community type system is proposed | | |
| V. | <u>Plumbing System</u> | | |
| | (a) Water from an approved source: (public ___/private ___) | | |
| VI. | <u>Hot Water Supply</u> | | |
| | (a) Hot water provided to hand sinks, utensil sinks, and utility sink | | |
| | (b) Utility sink or curbed cleaning facility provided and properly located | | |

| | | <u>Approved</u> | <u>Not Approved</u> |
|--------------|---|-----------------|---------------------|
| VII. | <u>Utensil washing Facilities</u> (provided & properly installed) | | |
| VIII. | <u>Equipment: Design, construction, and installation</u> | | |
| | (a) All equipment and utensils made of approved materials | | |
| | (b) Ultrasonic cleaner provided | | |
| | (c) Autoclave or heat sterilizer provided (cut sheet provided) | | |
| | (d) Adequate approved storage provided for supplies | | |
| | (e) Adequate approved storage provided for utensils | | |
| | (f) Adequate approved storage provided for poisonous or toxic materials | | |
| | (g) Utility conduits (gas, water, electrical, etc...) shall be located and properly installed as to facilitate easy cleaning of floors, walls, ceiling, and equipment | | |
| | (h) All equipment, new or used, meets requirements | | |
| | (i) Proper bio-medical waste disposal/sharps containers | | |
| | (j) Proper waste receptacles provided for refuse | | |
| | (k) Proper record retention space provided (on site) | | |

| | | <u>Approved</u> | <u>Not Approved</u> |
|--------------|---|-----------------|-------------------------|
| IX. | <u>Ventilation</u> | | |
| | (a) Adequate (in needed areas) | | |
| | (b) Provisions for incoming air | | |
| X. | <u>Garbage or dumpster area provided</u> | | |
| XI. | <u>Lighting</u> | | |
| | (a) 20 foot-candles of light in all procedure areas | | |
| | (c) 100 foot-candles of light at all procedure levels | | |
| XII. | <u>Restroom Facilities</u> | | |
| | (a) Adequate facilities | | |
| | (b) Adequate size and arrangement | | |
| XIII. | <u>Forms</u> (needed for review prior to issuing license) | | |
| | (a) Medical history form | | |
| | (b) Aftercare forms (procedure specific) | | |
| | (c) Minor consent form | | |
| | (d) Client information form | | |
| | | | |
| | <u>Note:</u> Requirement for public toilet facilities, handicap requirements, and number of fixtures (water closets, urinals, lavatories, etc.) is to be determined by the local Plumbing Dept., when in their jurisdiction. | | |

ADDITIONAL INFORMATION

Check with your county Health Department to determine how many sets of plans (including site plan, equipment specifications & layout, plumbing plan, electrical plan, ventilation plan, finish schedules, interior elevations, and floor plan) and any other pertinent information are required for review.

It is the responsibility of the owner to insure that the plans are followed and if any changes are made they must be approved by the County Health Department.

Plumbing system is to conform to the Local Plumbing Code or if outside jurisdiction of the municipality, the latest issue of the Southern Standard Plumbing Code.

Further inquiries may be directed to:

County Health Department
Environmental Health Division