

**St. Clair County Health Department
Body Art Plan Review Application**

Application Instructions:

It is your responsibility to read and complete the entire application accurately and to the best of your ability. Submit the entire completed application with all required supplemental documentation and your plan review application payment. Your plans will not be reviewed until the application and payment has been submitted. Once received, the Sanitarian will review and notify you within 30 days as to whether your plans were approved, denied or incomplete. If your plans were denied or incomplete it is your responsibility to contact this Division and submit needed revisions or additional information.

Submission of a plan review application does not permit you to begin construction or to open or operate a Body Art Facility. To begin construction, you must receive written approval of your plan review application from this Division. To open or operate a Body Art Facility you must receive an inspection and written approval to open and operate from this Division.

Submit your completed application, supplemental documentation, and plan review application payment of \$300.00 to the St. Clair County Health Department at 220 Fort Street, Port Huron, MI 48060. Plans can also be submitted by fax to (810) 985-5533 or by email to **environmentalhealth@stclaircounty.org** and **lgriffor@stclaircounty.org**. Credit card payments may be submitted over the phone for your submitted application by calling (810) 987-5306. A standard credit card fee will be applied. You must retain copies of all documents for your records.

For questions or assistance please contact the Body Art Program Coordinator, Lea Griffor, Sanitarian, at (810)987-5306 ext. 1433 or lgriffor@stclaircounty.org

It is your responsibility to verify your facility is in compliance with all applicable laws, requirements, and regulations including those from other local government agencies.



Elizabeth King, RN, BSN
Director/Health Officer

Greg Brown, BS
Administrator

Remington Nevin, MD, MPH,
DrPH
Medical Director



Date: _____

Purpose of Plan Review (select only one):

- ☐ New Body Art Facility License
- ☐ Change of Ownership at Existing Body Art Facility
- ☐ Remodel of Existing Licensed Body Art Facility
- ☐ Adding New Services to an Existing Licensed Body Art Facility

SECTION I. General Information

Facility Information:

Name of Body Art Facility: _____

Address of Body Art Facility: _____

Facility Phone Number: _____

Services to Be Offered (check all that apply):

- ☐ Traditional Tattoo
- ☐ Permanent, Semi-Permanent
Cosmetics/Make-up
- ☐ Micro-blading
- ☐ Body Piercing
- ☐ Branding
- ☐ Scarification
- ☐ Other _____
- ☐ Other _____

Facility Hours:

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Days/times facility is open by appointment only:

For Health Department use only:

Date application received: _____ Date payment received: _____
Payment amount: _____ Payment method: _____ Receipt number: _____



Facility Owners/License Applicant Information:

Full Legal Name of License Applicant/Owner: _____

Industry Names/Pseudonyms: _____

Home/Mailing Address: _____

Phone numbers: _____

Email address: _____

Full Legal Name of License Applicant/Owner: _____

Industry Names/Pseudonyms: _____

Home/Mailing Address: _____

Phone numbers: _____

Email address: _____

Full Legal Name of License Applicant/Owner: _____

Industry Names/Pseudonyms: _____

Home/Mailing Address: _____

Phone numbers: _____

Email address: _____

Full Legal Name of other authorized facility representatives: _____

Title: _____ Industry Names/Pseudonyms: _____

Contact Information: _____

SECTION II. Establishment

1. Attach an 8.5x11" or larger floor plan of the proposed establishment. Floor plan must be legible and to scale or have dimensions labeled. Floor plan must identify accurate placement of walls, windows, doors, waiting areas, procedure area(s), bathroom(s), reprocessing area, instrument storage, procedure chairs/tables, water heater(s), plumbing fixtures, etc. and specify height of any partial walls.
2. Attach proof of application and payment for an annual body art facility license with the Michigan Department of Health and Human Services (MDHHS). *Note: You may wait to apply and pay for your body art license until after your initial plan review but proof of application and payment is required before an approval to open and operate can be given by this Division.*
3. Water Source for Facility:
☐ Municipal
☐ Private/Well [Attach recent water test results and approval for proposed use]
4. Waste Water Disposal for Facility:
☐ Municipal/Sewer
☐ Private/Septic [Attach recent septic inspection and approval for proposed use]
5. Water Heater(s). Fill out specification's below for all water heaters in the establishment [or submit a copy of the water heater specifications.]
 - A. Make _____ Model _____
Specify if unit is: Gas (BTUs) / Electric (KW's)
Energy Input of water heater: _____ (BTU/HR) (KW/HR)
100°F storage capacity _____ gallons
 - B. Make _____ Model _____
Specify if unit is: Gas (BTUs) / Electric (KW's)
Energy Input of water heater: _____ (BTU/HR) (KW/HR)
100°F storage capacity _____ gallons

6. Plumbing Fixtures serviced by Water Heater. Fill out all existing and proposed water fixtures, identify which water heater they are serviced by, and include any fixtures located in connecting suites or businesses that share the water heater. [May include a copy of plumbing plan in lieu of completing information below.]

Type of Fixture	# in body art facility	# in other suites/business	water heater connected (A or B)
Designated procedure area hand sink(s)			
Restroom hand sink(s)			
Designated tool scrubbing sink/liquid hazardous waste dump sink(s)			
Multi-purpose (non-body art) sink(s) (ex. kitchen/break room area, art/paint sink)			
Mop/utility Sink(s)			
Hair wash sink(s)			
Pedicure sink(s)			
Shower(s)			
Mechanical clothes washer(s)			
Other _____			
Other _____			
Other _____			

7. Describe all ventilation (both mechanical and natural) available to procedure areas and reprocessing area. NOTE: If branding services are offered mechanical ventilation specifications may be required:

8. If windows are used for ventilation are screens in place on windows?

☐ Yes ☐ No ☐ N/A

9. Describe the lighting available in the procedure areas and reprocessing area (#, type, size, and location of all artificial and natural lighting):



10. Proposed number of body art technicians to be working in the facility: _____

11. Proposed number of body art procedure stations in the facility: _____

12. Are all Non-Body Art Activity/Service areas (ex. salon, laser tattoo removal, and living quarters) completely separated from all Body Art Activity/Services by floor-to-ceiling walls and tight-fitting doors?

☐ Yes ☐ No ☐ N/A

13. Describe wall finishes for all body art procedure areas and reprocessing area (ex. FRP, stainless steel, glossy paint):

14. Describe all flooring materials for all areas of the body art facility (ex. tile, hardwood, laminate) (NOTE: Carpet is not an acceptable floor material for body art procedure area, reprocessing room or between noted areas.):

SECTION III. Instruments and Equipment

15. Attach an inventory of all body art supplies for facility (ex. needles, pigments, cartridges, grips, peel-packs, jewelry, hemostats, gloves, etc.).

16. Specify type of gloves to be used during procedures, cleaning procedure areas, and during reprocessing of instruments/tools:

17. Type(s) of jewelry to be used for initial piercings:

18. How and where will sterile instruments/tools and tattoo inks/pigments be stored to prevent contamination:

19. What EPA-registered, tuberculocidal disinfectant will be used to disinfect procedure surfaces, areas, reprocessing area, and for soaking of non-disposable instruments:

20. Will any sterile instruments/tools used in body art procedures will be multi-use requiring reprocessing?

☐ Yes

☐ No, using disposable instruments/tools only

If reprocessing is required:

21. Attach manufacturer's instructions and specification for all ultrasonic cleaners used

22. Attach manufacturer's instructions and specifications for all sterilizers used

23. Attach contract with independent laboratory used for weekly spore testing of all sterilizers used

24. Attach copy of recent negative spore test from independent laboratory for all sterilizers used

25. Attach copy class 5 indicators or validator products compatible with facility autoclave to validate each sterilization cycle

26. Attach a description of the steps and plans for the layout of the reprocessing area

27. Describe how contaminated multi-use instruments/tools will be transported to the reprocessing area post-procedure:

SECTION IV. Medical Waste

28. Attach copy of Registration (or application and payment) with Michigan Department of Environment, Great Lakes and Energy (EGLE) as a Medical Waste Producing Facility.
29. Attach a copy of your contract with a Medical Waste Disposal Company for collection and disposal of medical waste at least every 90 days.
30. Attach a copy of your completed Medical Waste Management Plan for your facility.
31. Check all applicable ways in which liquid medical wastes (i.e. rinse cups, tattoo ink) will be disposed:
- ☐ Dumping in designated scrub sink for contaminated equipment
 - ☐ Placing in a biohazard bag or container which is disposed of consistent with the MWRA
 - ☐ Solidifying or absorbing with absorbent materials (i.e. paper towel or liquid waste solidifier) and disposing in trash
 - ☐ Other: _____

SECTION V. Employee Information and MIOSHA Requirements

32. List all employees below and provide information on title/job assignment (ex. owner, reception/clerical, tattoo artist, apprentice, cleaning/maintenance), and specify whether they have potential exposure to blood and OPIM:

Full Name and Pseudonyms	Title/Job Assignment	Potential Exposure to blood/OPIM (yes or no)



33. Attach a completed Employee/technician Form for each employee
34. Attach a copy of a photo identification for each employee
35. Attach a completed Statement of Confidentiality for each employee
36. Attach a copy of Hepatitis B Vaccination Record, Proof of Hepatitis B immunity, or signed Declination of Hepatitis B Vaccination waiver for each employee with potential exposure to blood/OPIM
37. Attach a copy of a current, industry-specific training that provides:
 - A. Information on blood borne pathogens
 - B. Blood borne pathogen prevention
 - C. MIOSHA Blood borne Infectious Diseases Standards for all employees with potential exposure to blood/OPIM
38. Attach documentation of current completed site-specific training that provides specific information on how MIOSHA Blood borne Infectious Diseases Standards will be implemented in the body art facility at which they work for all employees with potential exposure to blood/OPIM
39. Attach a copy of the facility's completed and current site-specific MIOSHA Blood Borne Infectious Diseases Exposure Control Plan
40. Describe the secure storage location for all confidential client and employee records:

SECTION VI. Informed Consent

41. Attach a copy of the written aftercare information sheet with Disclosure Statement and Notice for Filing Complaints that will be provided to each client for each service offered
42. Attach a copy of the client record form with health questionnaire that will be completed for each service, provided to client and kept on record
43. Describe how client records will be securely and confidentially stored in the facility:

New/Remodeled Body Art Facility Final Approval Sign-Off Form

FACILITY NAME: _____

FACILITY LOCATION: _____

OWNER/MANAGER: _____

INSPECTOR(S):

PLUMBING: _____ **Date:** _____

MECHANICAL: _____ **Date:** _____

ELECTRICAL: _____ **Date:** _____

BUILDING: _____ **Date:** _____

(Building permit not required)

BUILDING: _____ **Date:** _____

(Building permit required)

FIRE: _____ **Date:** _____

COMMENTS:



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