

Body Art Time-Limited Event Requirements for Permit to Operate

PROCEDURE TO OBTAIN A TIME-LIMITED PERMIT:

To obtain a permit to operate a time-limited event, a permit application and an information application form must be completed, the proper fee paid, and both forms returned to the Wayne County Health Department.

The permit fee is \$50.00 for each time-limited event.

REQUIREMENTS APPLICABLE TO TIME-LIMITED EVENTS:

1. THE PERMIT HOLDER (OPERATOR) MUST READ THIS FORM, BE FAMILIAR AND COMPLY WITH THE OHIO BODY ART (TATTOO AND BODY PIERCING) RULES (Ohio Administrative Code (OAC) Chapter 3701-9. These rules are available on the Ohio Department of Health (ODH) Website at www.odh.ohio.gov.)
2. The permit holder shall be the person-in-charge or shall designate a person-in-charge and shall ensure this person is present during all hours of operation.
3. All tattooing and/or body piercing must be done by an adequately trained individual.
4. Proper hand washing facilities must be provided.
5. The permit holder must have documented current approval from a Board of Health for a permit to operate a Body Art Establishment either in Wayne County or from another health department jurisdiction.
6. Proper disposal facility (sharps container) for needles/biohazard materials and a covered trashcan/container must be provided.
7. No food or drinks permitted in tattoo/piercing area.
8. Have forms such as Patron Case History, Consent, Aftercare, Log of Colors Used, and Complaint Forms.
9. The following checklist, not intended to be all inclusive, may assist you in planning your event:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Signed Application for a Permit to Operate a Time-Limited Tattoo and/or Body Piercing Event. |
| <input type="checkbox"/> | <input type="checkbox"/> | Current fee paid. |
| <input type="checkbox"/> | <input type="checkbox"/> | Plans showing total area to be used including: entrance(s) and exit(s) shown, proposed general floor plan layout, and location of privacy panels. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand washing area available. |
| <input type="checkbox"/> | <input type="checkbox"/> | Restroom facilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | Infectious waste disposal containers available on-site. |
| <input type="checkbox"/> | <input type="checkbox"/> | Tables/storage area for equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | List of all equipment to be used. |
| <input type="checkbox"/> | <input type="checkbox"/> | Description of process for sterilizing all non-disposable equipment or parts. |
| <input type="checkbox"/> | <input type="checkbox"/> | Form or document to list all dye colors used (lot numbers, manufacturers). |

BODY ART TIME-LIMITED EVENT

Complete the attached forms and the permit application form. If there is a blank that does not apply to you or your proposed operation, write "N/A" in the blank. This information should be submitted to the Wayne County Health Department at least 10 days prior to the event.

I. List of employees who will be working this event:

	Employee's Name	Name of Facility Where Trained	Number of Years of Apprenticeship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

II. Employees (as numbered above) have training in:

	Yes	No		Yes	No
A. First Aid			C. Preventing Transmission of Infectious Disease		
Employee 1	<input type="checkbox"/>	<input type="checkbox"/>	Employee 1	<input type="checkbox"/>	<input type="checkbox"/>
Employee 2	<input type="checkbox"/>	<input type="checkbox"/>	Employee 2	<input type="checkbox"/>	<input type="checkbox"/>
Employee 3	<input type="checkbox"/>	<input type="checkbox"/>	Employee 3	<input type="checkbox"/>	<input type="checkbox"/>
Employee 4	<input type="checkbox"/>	<input type="checkbox"/>	Employee 4	<input type="checkbox"/>	<input type="checkbox"/>
B. Tattooing Aftercare			D. Universal Precautions Against Bloodborne Pathogens		
Employee 1	<input type="checkbox"/>	<input type="checkbox"/>	Employee 1	<input type="checkbox"/>	<input type="checkbox"/>
Employee 2	<input type="checkbox"/>	<input type="checkbox"/>	Employee 2	<input type="checkbox"/>	<input type="checkbox"/>
Employee 3	<input type="checkbox"/>	<input type="checkbox"/>	Employee 3	<input type="checkbox"/>	<input type="checkbox"/>
Employee 4	<input type="checkbox"/>	<input type="checkbox"/>	Employee 4	<input type="checkbox"/>	<input type="checkbox"/>

III. If the event is more than one day in length, in which locations will the supplies be stored overnight and how will they be protected against contamination?

IV. What type of hand washing facilities will be available/provided for proper hand washing?

V. Where will garbage/trash cans with lids be stored?

VI. Where will infectious waste containers be located?

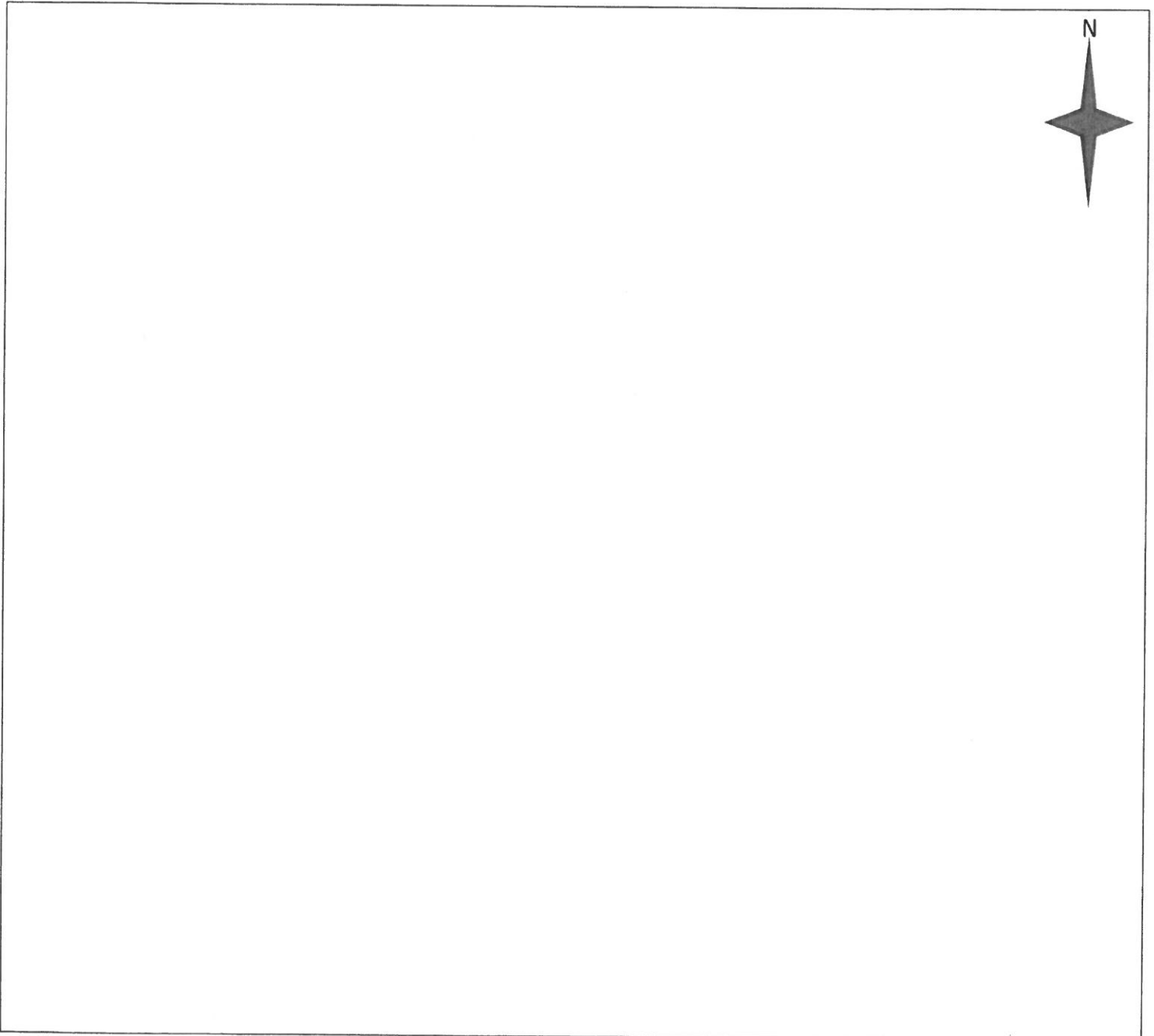
VII. Where will non-disposable instruments be stored/disinfected and what disinfectant solution will be used?

VIII. What type of flooring will be used?

IX. Is there an autoclave available at your business location for sterilizing non-disposable equipment? Provide make and model number.

X. Draw in the box an on-site floor plan of the proposed operation. Include the location(s) of the following areas:

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. Area to be used for tattooing or body piercing | <input type="checkbox"/> | <input type="checkbox"/> |
| B. All entrance(s) and exits(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Tables, equipment, and supply storage area(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Infectious waste disposal area | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Location of all hand washing, soap, and restroom facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Location of garbage/trash disposal (must have covers) | <input type="checkbox"/> | <input type="checkbox"/> |
| G. First aid area | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Form storage area | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Location and type of lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Location of privacy panel (if needed/requested) | <input type="checkbox"/> | <input type="checkbox"/> |



A large empty rectangular box for drawing an on-site floor plan. A north arrow is located in the top right corner of the box.