
PLAN REVIEW AND APPROVAL FOR BODY ART ESTABLISHMENTS

INTRODUCTION

This information packet describes the requirements to open a body art establishment in Mesa County. A copy of the *MESA COUNTY HEALTH DEPARTMENT RULES AND REGULATIONS GOVERNING BODY ART ESTABLISHMENTS, effective date June 1, 2003* is included.

Submit the following to:

MESA COUNTY HEALTH DEPARTMENT

510 29 ½ Road, Grand Junction, CO 81504 Attn: Darleen L. McKissen

Phone No. (970) 248-6968 or (970) 248-6900

Fax No. ((970) 248-6972

1. **One completed Information Sheet for Body Art Establishments (page 2 of the packet).**
2. **Sample forms of all required documents, i.e., consent form, aftercare instructions, etc.**
3. **Equipment schedule:**
 - **Specify manufacturers and model numbers.**
 - **Correlate equipment to floor plans.**
4. **Two copies of the proposed plans for the entire facility (drawn to scale ¼"=1')**
 - **Plans shall indicate the layout of the reception area, the procedure area(s), the cleaning and sterilization area(s), the storage area, and the toilet facilities.**

Plans will be reviewed within fourteen (14) days of receipt of plans. If further information is needed, you will be notified. For applicants who wish to apply in person, an appointment is required. **Pre-operational inspections are required before the issuance of the operating permit and commencement of body art establishment operations.**

No construction or alteration shall commence prior to written approval of the plans.

No body art operations are approved prior to satisfactory pre-operational inspection.

- The CERTIFICATE OF INSPECTION for a fixed body art establishment is valid for the calendar year and is not transferable.
- The CERTIFICATE OF INSPECTION for a TEMPORARY/SPECIAL EVENT is valid for the specific event, not to exceed fourteen (14) days.

INFORMATION SHEET FOR BODY ART ESTABLISHMENTS

IDENTITY OF PLANS

Name of Body Art Establishment _____

Address of Body Art Establishment _____

Body Art Establishment Phone Number _____

Owner's Name _____

Owner's Mailing Address _____

Applicant's Name _____

Applicant's Address _____

Applicant's Phone Number _____

IS THIS A TEMPORARY/SPECIAL EVENT OPERATION? ___ YES ___ NO

IF YES, TEMPORARY/TEMPORARY ADDRESS: _____

TEMPORARY/TEMPORARY TELEPHONE NUMBER: () _____

SPECIFY ADDRESS IN MESA COUNTY WHERE UNIT IS MAINTAINED:

A PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, CONVERSION, OF EXISTING STRUCTURE TO BODY ART ESTABLISHMENT USE, REMODELING, RENOVATION, OR CHANGES IN ESTABLISHMENT TYPE.

*** * FOR OFFICE USE ONLY BELOW THIS LINE * ***

Date Plans Received _____ Received By _____

Plan Review Fee \$75.00 Paid _____ Receipt # _____ Initials _____

Plan Review # _____

REVIEWED BY: _____ APPROVED ___ DISAPPROVED ___ DATE _____

PLAN REVIEW INFORMATION FOR BODY ART ESTABLISHMENTS

INDOOR AREAS:

FLOORS: (list materials) _____

- Smooth, easily cleanable? YES NO

SOLID PARTITIONS, floor to ceiling? YES NO

SEPARATE from food preparation areas, hair salon, the private residence?

YES NO

CEILINGS: (list materials) _____

- Smooth, easily cleanable? YES NO

FURNITURE – chairs, benches and other procedural surfaces smooth, easily cleanable?

YES NO

OUTER OPENINGS:

PROTECTION at entrances from insects, rodents and vermin? YES NO

Show location of outside trash area on the plans.

LIGHTING:

Artificial light source of at least 50 ft. candles at the level where procedures are performed and at instrument cleaning and sterilization areas

YES NO

ANIMALS:

Live animals excluded from procedure area(s), or the instrument cleaning, sterilization, or storage areas. YES NO

HANDWASHING AND TOILETS:

Hand wash sink with hot and cold water through a mixing faucet? YES NO

Soap, single use paper towels or mechanical hot air hand dryer and waste receptacle at each hand wash sink? YES NO

Hand wash sink(s) easily accessible to each procedure area? YES NO

Hand wash sink(s) located so that one artist does not potentially contaminate another artist's area? YES NO

Hand wash sink provided in each toilet room? YES NO

WASTE RECEPTACLES:

Waste receptacle at each operator station? YES NO

Waste receptacle in each toilet room? YES NO

Waste receptacles cleanable? YES NO

Waste receptacles emptied daily? YES NO

Solid waste removed from premises at least weekly? YES NO

SUPPLIES:

Instruments and supplies stored in clean, dry, covered containers? YES NO

Is there a washer and dryer on the premises? YES NO

Reusable cloth items machine washed with detergent and dried after each use? YES NO

Indicate if hot water, at a minimum of 140 degrees F is provided at the clothes washer, or if an approved disinfectant will be applied in the final rinse cycle?

Hot Water? YES NO Disinfectant and type: _____

Cloth items stored in a clean, dry place until used? YES NO

Soiled items stored separately from clean items? YES NO

Show storage area for clean and soiled reusable cloth items on the plans.

STERILIZATION:

Access to steam autoclave for sterilization? YES NO

Sterilizer designed and labeled as a medical instrument sterilizer? YES NO

Operators' manual for the sterilizer available on the premises and operated in accordance with the manufacturer's recommendations? YES NO

Sterilizer located away from work and/or public areas? YES NO

Sterilizer load log maintained for a minimum of three years, located on the premises and available for inspection? YES NO

Written action plan when appropriate color indicator change does not occur? YES NO

Sterilizer monitoring performed at least weekly, by using a commercial biological monitoring (spore) system? YES NO

Spore test results maintained on the premises for a minimum of 3 years and available for inspection? YES NO

Access to ultrasonic unit? YES NO

Operators' manual for the ultrasonic unit on the premises and operated in accordance with the manufacturer's recommendations? YES NO

Non single-use, non-disposable instruments cleaned and sanitized after each use? YES NO

REQUIRED DOCUMENTS:

The person in charge has access to the following, which is to be maintained on the premises and made available for review:

_____ The contract or agreement for sharps disposal and/or other infectious and/or regulated waste disposal.

_____ Client records
_____ Manufacturer's information for all sterilization equipment.

_____ Spore test log and test results control written procedures

_____ Infection and exposure

OPERATING CHARACTERISTICS OF THE BODY ART ESTABLISHMENT

1. Total square footage of the body art establishment premises:
_____ total square feet.

2. Type of body art procedures performed:

- | | |
|---|---|
| <input type="checkbox"/> Tattoo | <input type="checkbox"/> Scarification |
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Subdermal implants |
| <input type="checkbox"/> Body piercing | <input type="checkbox"/> Sculpting |
| <input type="checkbox"/> Branding | <input type="checkbox"/> Tattoo removal |
| <input type="checkbox"/> Permanent cosmetics (describe) | _____ |

Other (specify):

3. Number of operator stations: _____ Number of employees: _____

4. Hours of operation:

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

5. If operating at a **temporary/special event**, specify name of event, dates of event, hours of operation for each day of the event:

Name of Event: _____

Location of Event: _____

Event Organizer: _____

Event Organizer Address: _____

Event Organizer Telephone Number: () _____

Dates of the Event: _____

Hours of Operation for Each Day of the Event:

_____ Monday
_____ Wednesday
_____ Friday
_____ Sunday

_____ Tuesday
_____ Thursday
_____ Saturday

6. A legible copy of all required records for all body art procedures performed must be submitted to the Mesa County Health Department within 48 hours of the procedure or the special event.

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