



P.O. Box 20,000-5033
 Grand Junction, CO 81502
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 www.health.mesacounty.us/environment

Body Art Establishment Plan Review

The following documents must be fully completed in order to begin the plan review. Lack of complete information will delay plan approval. Allow 2 weeks for initial plan review response. **Plan review and opening inspection fee is \$175 upon submittal.** No construction or alteration shall commence prior to written approval of the plans. **An "Approval to Operate" certificate** will be issued upon successful opening inspection. **An un-announced inspection** will follow once the business is in operation. The Certificate of Inspection is valid from inspection to inspection and is not transferable.

| FACILITY INFORMATION | | |
|--|----------------|-----------|
| Date Submitted to Mesa County Health Department: | | |
| Facility Name: | | |
| Facility Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | Fax Number: | |
| Email: | | |
| SITE MAILING ADDRESS: Mark SAME if same as facility address above. | | |
| Local Mailing Address: | | |
| Local Mailing City: | State: | Zip Code: |
| Local Telephone Number: | Fax Number: | |
| Email: | | |
| OWNER'S MAILING ADDRESS: This is where your certificate renewal application will be sent each year. Please provide an additional address if the above addresses are are the same. | | |
| Legal Owner's Name: | | |
| Owner's Mailing Address: | | |
| Mailing City: | State: | Zip Code: |
| Owner's Telephone Number: | Fax Number: | |
| Email: | | |
| CONSTRUCTION INFORMATION | | |
| Local Contact Person's Name: | | |
| Contact Phone Number: | Contact Email: | |
| Contractor/Builder Name: | | |
| Contractor Phone Number: | | |

Date construction will begin:

Date of planned opening:

Total square footage of the body art establishment premises:

Type of body art procedures that will be performed:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Tattoo | <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Ear Piercing |
| <input type="checkbox"/> Subdermal Implants | <input type="checkbox"/> Branding | <input type="checkbox"/> Sculpting |
| <input type="checkbox"/> Tattoo Removal | <input type="checkbox"/> Permanent cosmetics (describe) | |
| <input type="checkbox"/> Scarification | <input type="checkbox"/> Other (specify) | |

* For clarification, please reference the Mesa County Health Department Rules and Regulations for Body Art Establishments, regulation section and number.

| Pre- Opening Check List | | | | |
|---|---|------------------------------|-----------------------------|------------------------------|
| Reg. # | Section Title | | | |
| Minimum Requirements: | | | | |
| 7-702 | Location for employee information (full name, address, phone number) to be stored securely on-site | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7-702 | Location for employee shot records/waivers to be stored securely on-site | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7-703B | Location to store spore testing log for up to 3 years | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7-703C | Location/space for client records to be maintained securely for up to 3 years (or age 21 for minors) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7-703E | Provide a copy of Infection and Exposure Control Written Procedure to MCHD | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Client Records: | | | | |
| 8-802 | Provide a copy to MCHD of the client consent form containing information on: name, address, phone number of client; date of procedure; type of procedure and location on the body; diabetes, hemophilia, skin disease, allergies, medications | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 8-803 | Provide a copy of aftercare instructions to MCHD | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Facility and Operational Requirements: | | | | |
| 9-901 | Procedure/instrument cleaning areas have floors, walls and ceilings that are smooth, non-absorbent and easily cleanable | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-902 | Toilet facilities have hand washing sinks and are available to patrons and employees | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-904 | At least 50 foot candles of light where the body art procedures will be performed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-905 | All surfaces in procedure areas are smooth, non-absorbent and easily cleanable | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-906 | Hand washing sinks accessible to each procedure area to avoid cross contamination between areas; sinks have hot and cold water, soap and papertowels | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-907 | There is a separate area for cleaning, packaging and sterilizing equipment | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-908 | Separate sinks for cleaning instruments, handwashing and utilities (mopping) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-909 | Department approved water source | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-910 | Sewage discharged into proper sewage system | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-911 | Lined garbage cans accessible to each procedure area and can be cleaned | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-912 | Separate waiting area away from procedure and instrument cleaning areas | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

| | | | | |
|--|--|------------------------------|-----------------------------|------------------------------|
| 9-913 | Reusable cloths washed mechanically with detergent in water at a minimum of 140° or dried in a dryer above 140° | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-914 | Fishtanks and service animals only in waiting area | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-916 | Procedure areas completely separate from human habitation/food preparation | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9-917 | Utility faucets and sinks equipped with back flow prevention devices | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Infection and Exposure Control Written Procedure (contains the minimum): | | | | |
| 11-1101 | Procedures for instrument cleaning and sterilization | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 11-1101 | Cleaning and disinfection of procedure area protocol | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 11-1101 | Procedure for universal precautions | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 11-1101 | Infectious waste management plan: identification, segregation, packaging, storage, transport, treatment, disposal | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 11-1101 | Plan for blood spills or loss of containment of infectious waste | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Temporary, Special Event and Mobile Body Art: | | | | |
| 10-1001 | Hand wash facilities accessible to each procedure area, designated for artists only, adequate supply of potable water, continuous flow | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 10-1001 | Wastewater collected and disposed of in sanitary manner | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 10-1001 | Pre-sterilized instruments brought from another location, have documentation to show negative spore test within last 30 days | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 10-1002 | All areas cleaned and disinfected after last procedure | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 10-1003 | Legible copies of all required records submitted to Mesa County Health Department within 48 hrs of event | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Comments: (Please provide a written explanation for anything checked NO or N/A) | | | | |
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*** REMEMBER, please submit the following paperwork with this plan review application:**

1. Floor plan indicating the layout of the reception area, procedure area(s), cleaning and sanitization area, storage areas, toilet facilities, sinks (including procedure area sinks, bathroom sinks and utility sinks) and location of outside trash
2. Copies of all employee Hepatitis B shot records or waivers
3. Infection and Exposure Control written procedure
4. Copies of both the client consent forms and aftercare instructions