



Body Art Establishment Plan Review

This plan review and requested documentation must be fully completed and submitted in order to begin the plan review process. **Plan review and opening inspection fee is \$75 upon submittal.** Allow 2 weeks for plan review response. An "Approval to Operate" letter will be issued upon a successful opening inspection and is valid for 90 days. **An unannounced inspection (\$100 inspection fee)** will follow once the business is in operation. The Certificate of Inspection is valid from inspection to inspection, is location and owner dependent, and is not transferable.

FACILITY INFORMATION		
Date Submitted to Mesa County Public Health:		
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 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"/> Permanent Cosmetics | <input type="checkbox"/> Subdermal Implants |
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Scarification | <input type="checkbox"/> Sculpting |
| <input type="checkbox"/> Inner Ear Piercing | <input type="checkbox"/> Branding | <input type="checkbox"/> Other |

* Refer to the Mesa County Public Health Rules and Regulations for Body Art Establishments sections for clarification of requirements

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 MCPH	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Client Records:				
8-802	Provide a copy to MCPH 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 MCPH	<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 paper towels	<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	Mesa County Public Health 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 (must contain all of these):				
11-1101	Written protocol for universal precautions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11-1101	Written protocol for instrument cleaning and sterilization	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11-1101	Written protocol for procedure area cleaning and disinfection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11-1101	Written protocol for blood spills or loss of containment of infectious waste	<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
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 at MCPH 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)				

*** 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. Copies of client consent form and aftercare instruction
4. Written protocol for Infection and Exposure Control
5. Copy of drivers license and form HB1023 if sole proprietor (attached below)

September 11, 2006

Subject: Implementation of C.R.S., 24-76.5-101, et. seq., “Restrictions on Public Benefits” (HB 1023)

To Whom It May Concern:

You will find an affidavit included with your renewal registration/application. All licenses, certifications, and registrations issued to *individual owners or sole proprietors* by the Colorado Department of Public Health and Environment must be accompanied by verification of citizenship.

This requirement does not apply to you if you are not an individual owner or sole proprietor. **Verification includes completing the affidavit and providing a notarized copy of an approved identification.** Approved identification includes:

- A valid Colorado driver’s license or a Colorado identification card;
- A United States military card or a military dependent’s identification card;
- A United States Coast Guard Merchant Mariner card;
- A Native American Tribal Document,

In addition to the above listed forms of identification, the following will be allowed until March 1, 2007.

- A certificate verifying *naturalized* status issued by an authorized agency of the United States bearing applicant’s intact photograph impressed with the raised embossed seal of the issuing agency;
- A certificate verifying United States *citizenship* issued by an authorized agency of the United States bearing applicant’s intact photograph impressed with the raised embossed seal of the issuing agency, or;
- Other approved State’s driver’s license or identification card. Not all states verify lawful presence prior to issuing license. Therefore, only those States listed below are deemed acceptable.¹

You may access a notary in your area by conducting a search through directory assistance for “public notaries.”

C.R.S., 24-76.5-101, “Restrictions on Public Benefits” became effective August 1, 2006, and requires “each agency or political subdivision of the state” to verify the lawful presence in the United States of every applicant for public benefits. The law requires the verification of citizenship in order for persons eighteen years of age or older to receive certain benefits or obtain a license or certification from the department. If the recipient of the benefit is under eighteen years of age, the law does not apply.

If you need assistance in complying with this law or if there is additional information you feel we need to be aware of, please do not hesitate to contact our office at (970) 248-6960.

¹ Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, and Wyoming.



Colorado Department
of Public Health
and Environment

AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, (Print) _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Firm's Legal Name: _____

Firm's Site Address: _____
Street Unit City Zip