

Barry- Eaton District Environmental Health Body Art Facility Plan Review Application

Authority – Michigan Public Act 375, of the Michigan Public Health Code of 368 of 1978, as amended

Barry-Eaton District Health Department (BEDHD), Environmental Health Division, requires that: “When a Body Art service establishment is hereafter constructed or extensively remodeled, or when an existing structure is CONVERTED for the use as a Body Art Establishment, properly prepared plans and specifications for such construction, remodeling or alteration, showing layout arrangement, and construction materials of work areas, the location, size and type of fixed equipment and facilities, shall be submitted to the Health Authority for APPROVAL before such work is begun.”

This “Plan Review Application” is for the provision of tattooing, body piercing and/or branding. It summarizes the minimal information, which must be submitted with the plans and specifications. **Please fill in all parts of the plan review packet.** *All plans must be drawn to scale, please use a minimum scale of ¼” = 1’*). Visit www.michigan.gov/bodyart for licensing information and operational requirements.

The following items are **REQUIRED**:

- **ONE (1) SET OF DETAILED PLANS**
- **A COMPLETED PLAN REVIEW PACKET**
- **PLAN REVIEW SERVICE FEE (Check payable to Barry-Eaton District Health Department) - Amount:**

| OPERATOR INFORMATION (Please PRINT or Type) | | | |
|---|---------------------------|-----------------------------|---------------------------------------|
| Name of Body Art Facility: | Facility Phone: | Start Date of Construction: | |
| Street Address of Facility: | Website Address: | Proposed Date of Opening: | |
| City: | State: MICHIGAN | Zip Code: | Total Square Feet of Facility: |
| Name of Owner/Operator: | Phone: | # of Body Artist Stations: | |
| Mailing Address of Owner: | Email: | Square Feet/Station: | |
| City: | State: | Zip Code: | # of Body Artists working at opening: |
| Services (Mark all that apply): <input type="checkbox"/> Tattooing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Microblading <input type="checkbox"/> Scarification <input type="checkbox"/> Branding <input type="checkbox"/> Piercing <input type="checkbox"/> Other: _____ | | | |

| FOR BEDHD ENVIRONMENTAL HEALTH USE ONLY | | |
|--|-----------------------|---|
| DATE RECEIVED: | FEE AMOUNT: | CHECK/RECEIPT#: |
| APPLICATION TO STATE: <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE REVIEW COMPLETE: | DATE APPROVAL SENT: |
| SANITARIAN ASSIGNED: | DATE INSPECTED: | FOLLOW-UP INSPECTION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Barry-Eaton District Health Department Environmental Health
Body Art Facility Plan Review Application**

| REASON FOR PLAN REVIEW (Check all that apply): | |
|---|---|
| New Construction / Facility <input type="checkbox"/> | Additional Services <input type="checkbox"/> specify: _____ |
| Remodel Licensed Facility <input type="checkbox"/> | Building Renovation after Damage <input type="checkbox"/> |
| Expansion of Existing Floor Plan <input type="checkbox"/> | Other <input type="checkbox"/> specify: _____ |

| ROOM FINISH SCHEDULE | | | | |
|--|--------|-------|----------|-----------|
| Specify the type of finish materials: i.e. "High Gloss Enamel Paint, Ceramic Floor Tile, Vinyl Coated Drop-In Acoustic Tile" | | | | |
| *FLOORS: Must be smooth, impervious, durable and easily cleanable. The floor/wall juncture must have coved molding. | | | | |
| *WALLS: Must be smooth, impervious, durable and easily cleanable. Light colors are preferred. | | | | |
| *CEILINGS: Must be smooth, impervious, durable and easily cleanable. Light colors are preferred. | | | | |
| ROOM DESIGNATION | FLOORS | WALLS | CEILINGS | BASEBOARD |
| Practitioner Room(s) | | | | |
| Storage Room(s) | | | | |
| Mechanical Room(s) | | | | |
| Restroom(s) | | | | |
| Waiting Room | | | | |
| Sterilization Equipment room | | | | |
| Other (Specify) | | | | |

| WATER SUPPLY & SEWAGE DISPOSAL | | | | |
|--------------------------------|--|--------------------------|--|--|
| <u>SUPPLY</u> | | <u>DISPOSAL</u> | | |
| Municipal Water Supply | <input type="checkbox"/> Yes <input type="checkbox"/> No | Municipal Water Disposal | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Private Water Supply | <input type="checkbox"/> Yes <input type="checkbox"/> No | Private Disposal System | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| HOT WATER SIZING | | | | |
|------------------|---------------------|-----------------------|---|--|
| WATER HEATER | Manufacturer: _____ | Volume: _____ Gallons | Type <input type="checkbox"/> Gas <input type="checkbox"/> Electric | Total Number of fixtures on Unit _____ |

SURFACE FINISH SCHEDULE

Specify the type of finish materials: i.e. "Stainless Steel, Formica, Vinyl, Metal"

| | | | |
|---------------------------------------|--|--|--|
| EXTERIOR DOORS | <input type="checkbox"/> Yes <input type="checkbox"/> No | Door Finish: _____ | Self Closing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| RESTROOM DOOR | <input type="checkbox"/> Yes <input type="checkbox"/> No | Door Finish: _____ | Self Closing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WINDOWS DOORS USED FOR VENTILATION | <input type="checkbox"/> Yes <input type="checkbox"/> No | Screened? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| JANITORIAL SINK PROVIDED? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Location within Facility: _____ | |
| CLIENT WAITING/RETAIL AREA SEPARATED? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Type <input type="checkbox"/> Floor to ceiling wall <input type="checkbox"/> 4 ft. high wall (min.) <input type="checkbox"/> Panel 4 ft. minimum | |

| ITEM | MATERIAL | CLEANING METHOD - Describe include Cleaning Products |
|---|----------|--|
| Counters | | |
| Tables | | |
| Procedure chairs / benches | | |
| Shelving | | |
| Cabinets | | |
| Privacy Screens / Partitions / Curtains | | |
| Other (Specify) | | |
| Other (Specify) | | |

PROCEDURE EQUIPMENT SPECIFICATIONS - Rotary, Pens, or Coil machines, Pre-assembled grouping tool (Use additional Sheet of Paper, if necessary)
Submit a copy of equipment specification sheets, including make and model numbers, if available.

| EQUIPMENT | MAKE / MODEL | SPECIFICATIONS / DESCRIPTION |
|-----------|--------------|------------------------------|
| | | |
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| | | |

STERILIZATION

Yes No N/A (only single-use instruments). *If Yes, Proceed to next section.*

If No or N/A, Please verify that the following statements are true by initialing.

_____ All Instruments that come in contact with skin are completely disposable.

_____ Disposable instruments come from supplier individually wrapped and sterile.

_____ Jewelry, if used, comes from the supplier individually wrapped and sterile.

_____ I understand that I must contact Barry-Eaton County Health Department before new sterilization equipment is purchased, for approval.

SEPARATE INSTRUMENT CLEANING / STERILIZATION ROOM PROVIDED?

This SHADED section is for facilities that are completely disposable

STERILIZATION EQUIPMENT INFORMATION SECTION
This section is for facilities using reusable instruments.

Please Note: All cleaning, disinfecting and sterilization of contaminated tools and instruments must be conducted in a separate room with no other use. This room must have required equipment, plumbing, be enclosed by a door and have a sign placed at entrance prohibiting clients from entry. The room should be organized to prevent cross-contamination of clean, disinfected or sterile equipment with dirty equipment.

Number of instrument scrub sinks: _____ Sink dimensions: Width _____ Length _____ Depth _____
Width _____ Length _____ Depth _____

Is there a designated Handsink* in the Cleaning Room? Yes No What type of handle(s) or lever on this sink?
**It must have its own faucet, basin and durable partition if part of an instrument scrub sink.*
 Smooth Elbow Operated Foot Operated Hand-free motion sensor Other

Number of ultrasonic cleaning units: _____ Manufacturer: _____ Model: _____
Manufacturer: _____ Model: _____
Manufacturer: _____ Model: _____

Number of Autoclaves: _____ #1 Manufacturer: _____ Model: _____
Type: Steam/Pressure Dry Heat Serial # for Unit #1: _____
#2 Manufacturer: _____ Model: _____
Type: Steam/Pressure Dry Heat Serial # for Unit #2: _____
#3 Manufacturer: _____ Model: _____
Type: Steam/Pressure Dry Heat Serial # for Unit #3: _____

Backflow device provided on units? Yes No

Autoclave Test Facility: Name: _____ Spore Test conducted monthly? Yes No
Address: _____ **Include latest spore test with this Plan Review Application.**
Phone: _____

How will sterilized instruments be stored? _____

OPERATIONAL

Days / Hours of Operation: Sunday _____ Wednesday _____ Saturday _____
 Monday _____ Thursday _____ By Appointment ONLY
 Tuesday _____ Friday _____

Restroom: Toilet Self-closing door Covered waste receptacle
 Urinal Handwashing sink

Procedure Area Handwashing sink(s) Number: _____ Location(s): _____ Are they permanently installed? Yes No
What type of handle(s) or lever on these sink(s)? Smooth Elbow Operated Foot Operated Hand-free motion sensor Other: _____

Rubbish /Trash Disposal (noninfectious): Dumpster Curbside pick-up Other (specify) _____

Are waste receptacles in the procedure and Sanitation Room, if present, covered and have hands-free opening mechanisms? Yes No

Where will INK be stored? Storage cabinet Technicians enclosed cabinet / storage locker Other: _____

Medical Waste Disposal Company: _____ Frequency of Pick-up: _____ Biohazard Bags available? Yes

Sharps Container(s) type : _____ Frequency of Pick-up: _____

Skin Preparation Soap BRAND: _____

Tuberculocidal Disinfectant EPA Reg. No.: _____ Product Name: _____ Registrant Name: _____

Skin Preparation items to be used: Glove Nitrile single use pens/markers Razors, disposable
 Glove Latex (cannot be used in conjunction with Petroleum based products) single use transfer paper

What is your policy for performing services on Minors? What documentation is required? _____

Where / How will Client Records be stored? _____

What is the minimum retention schedule for client records? _____

How will records be kept for consumable supply inventory and lot numbers (ink, gloves, pads, needles, etc.)? _____

Please provide copies of the following forms to be used by your facility (draft form acceptable for the review):

- Client Record and Consent Form
- Client AfterCare Instructions (If more than one type, include all (i.e. Tattoo Piercing Microblading Branding Other: _____)
- Documentation of completed Bloodborne Pathogen training for each Technicians (Proof of registration for an upcoming class is acceptable)
- Documentation of hepatitis B vaccine status or completed declination forms for each technician
- Documentation of Medical Waste Pick-Up service company and/or contract
- Documentation of MDEQ Registration as a Producing Facility of Medical Waste
- Copy of the facility's Exposure Control Plan Disclosure Statement and Notice for Filing Complaints

WEBSITES and OTHER IMPORTANT INFORMATION

State of Michigan Information:

Additional Information including form samples, Requirements for Body Art Facilities, Applications, Training, How to apply for a license, Medical Waste and much more can be obtained from the following website: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_27716_73975---,00.html

There are links to additional pages within the Michigan Department of Health & Human Services Department site to assist you.

Barry-Eaton District Health Department Information:

Applications are reviewed in order of date received. **Incomplete submittals will delay approval to proceed with construction.** Upon completion of review of this packet, an Environmental Health Sanitarian will contact the applicant to discuss revisions or to set an appointment for a pre-opening inspection. Please make sure contact information on Page 1 is correct. Should information change after submittal, please contact our office at **(517) 543- 2430** and request to speak with one of the staff in the Body Art program, so we can update our records.

All forms must be submitted prior to the pre-opening inspection. The Plan Review fee is non-refundable.

Facility also must apply for a Body Art Facility license through the State of Michigan before a Pre-Opening inspection will be conducted by Barry-Eaton District Health Department employee.

FLOOR PLAN INSTRUCTION PAGE *For completing Page 7*

The State of Michigan Body Art Rules require that new Body Art facilities or existing facilities undergoing renovation submit an accurate floor plan at least 8.5" x 11" or larger scale drawing and Floor Plan of the proposed facility or proposed renovation to be submitted to the Local Health Department responsible for inspection.

Professional drawn plans are not required but the drawing should be to scale and show the following items: **Walls, Windows, Doors**

Below is a list of Equipment items typically found in a Body Art Facility. The items on the Floor Plan should be easily identifiable. We created a legend below to assist you with labeling plans. It is suggested that the numbers be used from the list below to label your Floor Plan if not clearly indicated.

***Items containing this asterisk are required to be shown on the scaled plans.** Some Items, such as Handwashing Sink(s), will be used more than once.

If the Facility is using Disposable, single-use items only, please mark N/A to items not applicable to the operation on the list below. (Generally 20, 21, 22, 23).

LEGEND

- | | | |
|-----------------------------|-----------------------------------|-----------------------------------|
| 1. Reception Desk | 10. Work Station Tray | 19. Janitor Closet |
| 2. Display Case | 11. Procedure Area* | 20. Instrument Scrub Sink* |
| 3. Drawing/Stencil Area | 12. Office / Break Area | 21. Sterilization Room* |
| 4. Storage Cabinets* | 13. Handwashing Sink* | 22. Autoclave* |
| 5. Armrest | 14. Liquid Soap* | 23. Ultrasonic Machine |
| 6. Lamp | 15. Paper Towel Dispenser* | 24. Hot water Tank |
| 7. Counter* | 16. Restroom* | 25. Mop Sink |
| 8. Procedure Bed/Chair | 17. Piercing Bed/Chair | 26. Waiting Room* |
| 9. Sharps Container | 18. Body Piercing Room* | 27. File Cabinet |

