

# Forsyth County Environmental Health

514 West Maple St., Ste. 404

Cumming, GA 30040

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## Checklist for Body Art Establishment Plan Review

1. Submit a floor plan with dimensions of the proposed establishment for plan review by the Department. The floor plan must contain the following:
  - a. To-scale floor drawing of the body art establishment on minimum 8.5"x 11" page.
  - b. Detail of windows, doors, chairs, tables, sinks, restrooms, waiting areas, cleaning room, chemical storage, personal items storage, body art supply storage, etc.
  - c. Detail of all equipment whether affixed or not. Include location of waste containers, sharps containers, etc.
  - d. The type of construction materials used on the walls, floor, ceiling, cabinetry, counters, etc. Walls, floors, ceilings, and procedure surfaces of a body art establishment shall be free of open holes and cracks, washable or easily replaced, in good repair, and in a clean condition.

*All body art establishments shall be completely separated by walls extending from floor to ceiling, from any room used for human habitation, any food establishment or room where food is prepared, any hair salon, any retail sales, or any other such activity that may cause potential contamination of work surfaces.*

2. Provide a list and specifications for all equipment used in the facility. All procedure surfaces, including client chairs/benches, shall be of such construction as to be easily cleaned and sanitized after each client.
3. Detail all storage areas on the plan. All instruments and supplies shall be stored and kept in clean, dry, covered containers.
4. There shall be a minimum of one restroom containing a toilet and a hand wash facility readily accessible to all body artists, clients, or customers. The restroom must not require passage through a cleaning room or work area
5. A mop sink or curbed cleaning facility equipped with a floor drain shall also be provided for cleaning mops or similar wet floor cleaning tools and trash cans. The mop sink must be located away from work stations or areas frequented by the public.
6. There shall be a separate work area for each operator in the procedure area of the establishment. Each establishment shall have an area that may be screened from the public view for clients requesting privacy. There shall be a divider, curtain, or partitions, at a minimum separating the lobby/reception area from the body art procedure area.
7. The establishment shall be well ventilated and provided with an artificial light source equivalent to at least 10-foot candles 30 inches off the floor, except that at least 50-foot candles shall be provided at the level where the body art procedure is being performed, and where instruments and sharps are assembled.
8. Provide a hand sink with hot (at least 110° F) and cold running water, under pressure for each workstation. Hand sink must be equipped with wrist or foot operated controls and supplied with liquid soap, and disposable paper towels shall be readily accessible within the procedure room of the body art establishment.
9. The cleaning room must be designated exclusively for cleaning, disinfection, and sterilization of instruments. The cleaning room must be equipped with the following:
  - a. Separate stainless-steel instrument sink, with hot and cold running water, reserved for instrument disinfection activities
  - b. Shall be separated from all other areas in the facility by means of doors, nonabsorbent curtains, or similar approved partition extending from floor to ceiling or a height of eight (8) feet.
  - c. Must be labeled to prevent client from entering room

- d. Shall be equipped with an ultrasonic cleaning unit and Class B or S medical grade autoclave.
- e. The autoclave, ultrasonic cleaner, and sink must be separated by 48 inches
- f. Separate hand washing facility within the cleaning room dedicated for that purpose only.
- g. Storage for equipment, supplies, and PPE.

10. Complete the Body Art Establishment Application and Body Artist Application

11. Provide a list of all body art establishment employees and their designated duties.

12. Provide a copy of the following written standard operating procedures and policies:

- a. Sterilization procedure (if applicable), include emergency sterilization procedures for positive spore test results.
- b. Employee health policy
- c. Employee Drug and Alcohol Use policy
- d. Sanitization of equipment and procedure areas (cleaning schedule)
- e. Disposal of waste (including sharps) procedure
- f. Record keeping policy
- g. Client screening procedure
- h. Aftercare procedure {include copy of aftercare instructions rule .20(1-5)}

13. Provide a list of all dyes or pigments used from commercial professional supplier or manufacturers and the associated MSDS. All dyes and pigments must be specifically manufactured for tattooing and contain an alcohol based preservative.

14. Provide a list of all piercing jewelry used and the manufacturer's documentation verifying compliance to standards in rule .18(2) on page 25.

15. Provide a copy of the contract between the facility owner and an independent commercial testing laboratory for monthly spore testing of the autoclave. Contract must include a provision requiring the laboratory notify the Forsyth County Health Department of any failure of the autoclave to eradicate all living organisms, including spores.

16. Please provide a copy of the client consent for body art form used by the establishment. The consent form must contain the following:

- a. Full name of Client
- b. Date of Birth and age of client receiving body art
- c. In the case of piercings for a minor client, the parent's or legal guardian's picture ID, proof of parentage or legal guardianship through a copy of a birth certificate or court order of guardianship respectively.
- d. Copy of state issued photo ID
- e. Brief description of the Body Art activity performed
- f. Phone number of the Forsyth County Health Dept. and instruction for the client or legal guardian to contact the Health Department with any complaint, question, or concern regarding safety, sanitation, or sterilization procedures.
- g. A statement as to the client's medical history as listed in rule .10(3-5) on page 15 of regulations.
- h. A statement by the client attesting that he/she is not under the influence of alcohol and/or drugs.
- i. Name of Body Artist performing service
- j. Signature of client or guardian
- k. Signature of Body Artist
- l. Date of all signatures