



# Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313

Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436

www.scphoh.org

## APPROVAL REVIEW PROCEDURES

Ohio Law requires that every business offering Tattooing or Body Piercing Services be approved prior to operating. Ohio Law also requires as part of the approval process that plans and specifications for the place of business be submitted and approved by the Summit County Combined General Health District. These plans and specification must clearly show that applicable provisions of sections 3730.01 to 3730.11 of the Ohio Revised Code and 3701-9-01 to 3701-9-09 of the Ohio Administrative Code can be met and shall include the following:

1. A completed [application for Approval Review](#).
2. Scale drawings - the smallest scale to be used is 1/4" equal one foot - showing the general layout of fixtures and equipment, entrances and exits, number location and types of plumbing fixtures and all water supply facilities.
3. A numbered equipment list indicating the manufacturer's name and model number for all equipment to be used.
4. A lighting plan indicating foot-candles for critical surfaces.
5. A copy of the written care instructions to be provided to patrons following a tattooing or body piercing procedure.
6. A copy of the customer record sheet to be used to maintain a record of service.
7. A written procedure for maintaining a written record of dye colors, manufacturer, and any available lot number or other identifier of each pigment used for each service performed.
8. Provide proof that all artists on staff who will be performing services are current in their certifications for training in: first aid, preventing transmission of infectious diseases, universal precautions against blood borne pathogens and appropriate tattoo or body piercing after-care.
9. Records of completion of courses or seminars in body art offered by authorities recognized by the board of health as qualified to provide such instruction; or written statements of attestation by individuals offering body art apprenticeships that the person has received sufficient training of adequate duration to completely perform body art services
10. A written infection prevention and control plan prepared in accordance with paragraph (B) (8) of rule [3701-9-02](#) of the Administrative Code. The plan shall kept up to date and resubmitted to the board of health as necessary.

If these approval requirements need clarification, or you want to schedule pre-approval inspections, contact Samantha Mellott at 330-812-3947.

An approval will not be issued until all approval requirements are completed and a pre-approval inspection shows that you are in compliance with applicable rules.

Before requesting the pre-approval inspection be sure that you are able to show written documentation that plumbing, electrical, building, zoning, sewage disposal and well final approval inspections, when applicable, are completed.



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## APPLICATION FOR INITIAL APPROVAL OF BUSINESSES OFFERING TATTOOING OR BODY PIERCING SERVICES

**Operation Name:**

**Address:**

**City/Village/Township:**

**State:**

**Zip:**

**Name Of Operator:**

**Address:**

**City/Village/Township:**

**State:**

**Zip:**

**Phone Number Of Operator:**

**E-Mail:**

**Name Of Corporation/Association/Partnership:**

**Names, Addresses And Telephone Numbers Of All Persons Having An Ownership Interest Of Five Percent Or More In The Corporation/Association/Partnership:**

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**Mailing Address For Approval Notification And Renewal:**

**Anticipated Date For Starting Construction:**

**Anticipated Date For Beginning Operation:**

**Anticipated Hours Of Operation:**

**Total Size Of Operation In Square Feet:**

**Please Check The Type Of Approval Requested:**

**Tattooing Services:**

**Submit \$ 400.00 Non-Refundable Approval Fee**

**Body Piercing Services:**

**Submit \$ 400.00 Non-Refundable Approval Fee**

**Combined Tattooing/Body Piercing:**

**Submit \$ 400.00 Non-Refundable Approval Fee**

**Time-Limited Event:**

**Submit \$ 80.00 Non-Refundable Approval Fee**

**If A Time Limited Event, Name And Address Of Event:** \_\_\_\_\_

**Date And Time of Event:**

**PLEASE SUBMIT THIS COMPLETED FORM AND THE APPROVAL FEE WITH YOUR PLANS**

**Will procedures be maintained and documented that ensure all persons performing body piercing or tattooing services on the business premises have received appropriate training in:**

Tattooing or body piercing:	YES	NO
Preventing transmission of infectious diseases:	YES	NO
Appropriate tattoo and body piercing after-care:	YES	NO
First Aid:	YES	NO
Universal precautions against blood borne pathogens:	YES	NO

Will written records of equipment utilized by the business be maintained? YES NO

Will procedures be maintained that ensure that all non-disposable equipment, parts of equipment or instruments used in performing procedures are disinfected and sterilized in accordance with rule 3701-09-08 of the Administrative Code? YES NO

Will weekly biological monitoring tests of the business's heat sterilization devices be completed YES NO

Will a record of all tests performed on the heat sterilization devices be maintained for at least two years? YES NO

Will procedures be maintained that ensure the general health and safety of all individuals employed by the business? YES NO

Each area in which tattooing or body piercing is conducted will have an area of how many square feet?

Will all areas used for performing services be separated from each other and from waiting customers or observers by a panel, privacy screen or door? YES NO

Is at least 40 foot-candles of light provided at all areas where tattooing or body piercing services are performed YES NO

Is at least 20 foot-candles of light provided at all other areas? YES NO

**Describe the floor finish material directly under equipment used for tattooing or body piercing services:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will all tables and other equipment be constructed of easily cleanable material, with a smooth washable finish YES NO

**PLEASE SUBMIT THIS COMPLETED FORM AND THE APPROVAL FEE WITH YOUR PLANS**

Will toilet room facilities be available to the employees and customers of the business YES NO

**Are all toilet rooms equipped with the following?**

A toilet: YES NO

Toilet paper installed in a holder: YES NO

A handwashing sink: YES NO

Will all tattooing or body piercing areas be provided with a hand washing sink that is accessible at all times? YES NO

<b>Are all hand sinks equipped with the following?</b>		
Liquid or granular soap:	YES	NO
Single use towels or mechanical hand dryer:	YES	NO
Hot and cold running water:	YES	NO
Are there any overhead or otherwise exposed sewerage lines so as to create a potential hazard to the sanitary environment of the business?	YES	NO
Will sufficient and appropriate receptacles be provided for the disposal of refuse and single-use instruments?	YES	NO
Will all waste items including but not limited to needles, razors and other supplies capable of causing lacerations or punctures be disposed of in accordance of the applicable standards of Chapter 3745-27 of the Administrative Code?	YES	NO
Will indoor and outdoor refuse containers have lids?	YES	NO
Is your water provided by a public authority ( ) or private well ( )		
<b>If a private well, you must attach Ohio EPA approval.</b>		
Is the building connected to a municipal sewer ( ) or a private sewage disposal system ( )		
<b>If a private system, you must attach Ohio EPA approval</b>		
Will all plumbing work be done under permit from the plumbing authority?	YES	NO
Will a mop sink be provided for the disposal of mop water?	YES	NO
Will the mop sink be located out of the tattooing and body piercing area?	YES	NO
Is the potable water supply protected from cross-contamination?	YES	NO
Will a separate area be provided where employees and patrons may consume food or beverages?	YES	NO
<b>Describe your procedures to assure that individuals under eighteen years of age will not be served without proper consent:</b>		
_____		
_____		
<b>PLEASE SUBMIT THIS COMPLETED FORM AND THE APPROVAL FEE WITH YOUR PLANS</b>		
Will disposable latex gloves be available and changed accordingly?	YES	NO
When shaving of a site or area is necessary, will you use disposable razors.	YES	NO
<b>Describe how and where sterilized instruments and equipment will be stored.</b>		
_____		
_____		
<b>Please describe how non-disposable needles and instruments will be cleaned and disinfected.</b>		
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**Please describe how non-disposable needles and instruments will be sterilized.**

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**Please describe how you will monitor and document the sterilizer function.**

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**I hereby certify that the above information is true and accurate and I am the approval recipient or the authorized representative of the establishment for which this application is being filed. I intend to comply with all requirements established by Sections 3730.01 to 3730.11 of the Ohio Revised Code and the rules of this chapter.**

Signature:

Date: