



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313

Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436

www.scph.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. **This completed application for Approval Review.**
2. **Drawing(s) that show the total area to be used for the business that includes entrances and exits, hand sinks, restrooms, lighting fixtures (include type of lighting being used) and work station(s) and how equipment will be set up. Separate drawings can be submitted if needed to show this.**
3. **A listing of all equipment to be used, including the manufacturer and model numbers. The equipment on this list should include items needed to perform a body art/piercing procedure.**
4. **A written infection prevention and control plan prepared in accordance with paragraph (B) (8) of rule 3701-9-02 of the Administrative Code.**
5. **A list of all artists and what services they will be performing. A current copy of their certifications for first aid and blood borne pathogens must be provided. Do not submit copies of expired certifications.**
6. **Records of completion of courses or seminars in body art 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 for all artists.**
7. **A copy of your aftercare guidelines for each provided service.**
8. **A copy of your customer record sheet (must include the patron's name; address; date of the service; colors and manufacturer of all inks, dyes, or pigments used; jewelry used, including size, material composition, and manufacturer; and placement of the procedure).**
9. **Written verification from the zoning authority and building department having jurisdiction that the building has been zoned and approved for the business use.**
10. **For facilities conducting body piercing ensure mill certificates are provided. If autoclave will be used ensure it meets OAC 3701-9-08 (d) and provide equipment manual for review.**

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. If these approval requirements need clarification, or you want to schedule pre-approval inspections, contact us at 330-926-5600.

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. **A copy of the Certificate of Occupancy must be provided at the final inspection.**



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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:

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 only:

Submit \$ 375.00 Non-Refundable Approval Fee

Body Piercing Services only:

Submit \$ 375.00 Non-Refundable Approval Fee

Combined Tattooing/Body Piercing:

Submit \$ 375.00 Non-Refundable Approval Fee

PLEASE SUBMIT THIS COMPLETED FORM AND THE APPROVAL FEE

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 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
Are you using any non-disposable instruments or equipment for body art procedures?	YES	NO
If yes, do you have an ultrasonic cleaning unit and approved steam sterilizer?	YES	NO

IF UTILIZING AN ULTRASONIC CLEANING UNIT AND/OR STEAM STERILIZER, EQUIPMENT CUT SHEETS MUST BE SUBMITTED FOR THESE ITEMS

If yes, is the steam sterilizer designed to sterilize hollow instruments and equipped with a mechanical drying cycle?	YES	NO
Will weekly biological monitoring tests of the business's heat sterilization devices be completed? (If using an approved steam sterilizer)	YES	NO
Will a record of all tests performed on the heat sterilization devices be maintained for at least two years? (If using an approved steam sterilizer)	YES	NO
Will procedures be maintained that ensure the general health and safety of all individuals employed by the business?	YES	NO
Do the premises have an area of at least one hundred square feet?	YES	NO
Is the floor space for each individual performing body art services at least thirty six square feet?	YES	NO
Will the areas where body are services are performed adequately spaced, or separated from each other by fixed partitions? Can complete privacy be made available upon a patron's request?	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
Do all floors directly under equipment used for body art have an impervious, smooth, and washable surface?	YES	NO
Are all tables and other equipment constructed of easily cleanable material, with a smooth finish?	YES	NO
Will restroom 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 permanently plumbed hand washing sink that is accessible at all times?	YES	NO

Are all hand sinks equipped with the following?

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

Does each receptacle have a lid that can be kept closed at all times while not in use?	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
Is your water provided by a Public Authority <input type="checkbox"/> or is it a private well <input type="checkbox"/>		
If a private well, you must attach Ohio EPA approval.		
Is the building connected to a Municipal Sewer <input type="checkbox"/> or a Private sewage disposal system <input type="checkbox"/>		
If a private system, you must attach Ohio EPA approval		
Will a separate area be provided where employees and patrons may consume food or beverages?	YES	NO
Will medical-grade, disposable, single-use gloves be used (nitrile preferred)?	YES	NO
When shaving of a site or area is necessary, will you use disposable razors?	YES	NO
Animals shall not be permitted in the body art establishment. Is your facility in compliance with this rule?	YES	NO
If performing oral piercings, is alcohol- free, antiseptic mouthwash in a single use cup available?	YES	NO
Only sterilized jewelry made of ASTM F136 compliant titanium or ASTM F138 compliant steel, solid fourteen karat or eighteen karat white or yellow gold, niobium, or platinum, shall be placed in a new piercing. Is your facility in compliance with this rule?	YES	NO
If providing body piercing services, are mill certificates for jewelry available for review?	YES	NO
In accordance with section 3730.06 of the Revised Code, no person shall perform a body art procedure on an individual who is under eighteen years of age, unless consent has been given by the individual's parent, guardian, or custodian. Will you be performing body art services on individuals under the age of 18?	YES	NO
If yes to above, a parent, guardian, or custodian of the individual under eighteen years of age must sign a document provided by the business that explains the manner in which the procedure will be performed, the specific part of the body upon which the procedure will be performed, and the methods for proper care of the affected body part following the procedure. Is a copy of this document provided with this application?	YES	NO
Note: A parent, guardian, or custodian of an individual under eighteen years of age must appear in person at the business at the time the procedure is performed. No body art procedure shall be performed on the nipple, areola or genital area of any individual under the age of eighteen.		
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. I understand that I shall give the board of health access to the business premises and to all records relevant to an inspection.		
Signature: _____ Date: _____		