

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215
(303) 232-6301 FAX (303) 271-5760 jeffco.us/public-health

BODY ART ESTABLISHMENT PLAN REVIEW
Instructions and Application Form

USE THIS PACKET TO HAVE YOUR PLANS REVIEWED BY JEFFERSON COUNTY PUBLIC HEALTH (JCPH) FOR:

- CONSTRUCTING A BODY ART ESTABLISHMENT
- CHANGE OF OWNERSHIP
- A MOBILE BODY ART UNIT (Temporary Events ONLY); or
- A TEMPORARY/SPECIAL EVENT

INSTRUCTIONS

Please follow all instructions in the plan review application. An **incomplete** application will delay the inspection and approval processes.

PLAN REVIEW FEES (payable to Jefferson County Treasurer)

Application Fee (payable at time of application)	\$100.00
Plan Review and Inspection Fees (payable prior to issuing license)	\$75.00 per hour

LICENSE FEES

Permanent Fixed Body Art	\$150.00
Mobile Body Art Unit	\$150.00
Temporary/Special Event	\$150.00

***** BODY ART LICENSES ARE SPECIFIC TO THE OWNERSHIP AND LOCATION, AND ARE NON-TRANSFERABLE *****

PROCESSING TIME

Allow 30 business days for review. An incomplete application will delay this process.
The primary contact person will be notified when the review is complete, and an on-site review of the establishment will be scheduled.

JCPH CONTACTS

Kelly McGregor 303 271-5766 kmcgrego@jeffco.us	Vi Nguyen 303 271-5743 vnguyen@jeffco.us
--	---

Application Date: _____

I. PLAN REVIEW INFORMATION

Purpose of Plan Review / Work Proposed		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Mobile Unit	<input type="checkbox"/> Temporary/Special Event
<input type="checkbox"/> Change of Ownership – new owner: _____		
DESIRED OPENING DATE: _____		

Contact Information	
Applicant/Operator Name:	
Primary Contact Name:	
Primary Mailing Address, City, State & Zip:	
Primary Phone:	Email:
Building Owner/Landlord:	
Primary Phone:	Email:

Establishment Information	
Establishment Type:	<input type="checkbox"/> Permanent Fixed Building <input type="checkbox"/> Mobile Unit
Establishment Name / DBA:	
Address, City & Zip:	
Establishment Phone:	Email:
Day(s) of Operation: <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	
Hours of Operation: _____	
Number of body artists the establishment is designed for: _____	
Number of stations/procedure areas: _____	
Any piercing? _____ Any permanent makeup? _____ Other procedures: _____	

Establishment Information Continued

Will you have guest artists? Yes No

If YES, where will they perform their procedure? _____

Will you allow them to share space/a station with your artist? Yes No

Where will employee records and client files be stored? On-site / Electronically

Do you accept minor clients? Yes No

If YES, list all documentation you request from a parent/legal guardian: _____

II. WATER, WASTEWATER and WASTE DISPOSAL SERVICE

A. POTABLE WATER SUPPLY

Water service must be provided by a public water district or a well that has been approved as a non-community water system and assigned a public water system identification (PWSID) number.

Source of Water for the Establishment

INDIVIDUAL WATER WELL

PUBLIC WATER SYSTEM

PWSID Number: _____

Name of Water District: _____

Mobile Units

Source of Water: _____

Storage Capacity (in gallons) of Potable Water Tank(s): _____

B. WASTEWATER DISPOSAL

Wastewater disposal must be provided by a public sewer system or an individual sewage disposal system that has been designed and approved for that purpose.

Method of Wastewater Disposal for the Establishment

INDIVIDUAL SEWAGE DISPOSAL SYSTEM* – Permit Number: _____

PUBLIC SEWER SYSTEM – Name of Sanitation District: _____

*If the existing system is not currently approved for commercial use, Board of Health approval is required. Call the program coordinator at (303) 271-5766 for information.

Method of Wastewater Disposal for the Mobile Unit(s)

Site Where Wastewater Will Be Disposed Of: _____

Storage Capacity (in gallons) of Wastewater Tank(s): _____

C. SHARPS and BIO-HAZARDOUS WASTE DISPOSAL

Bio-hazardous waste generated, including disposable sharps (instruments), blood-stained bandages, towels, etc. must be properly handled and disposed of at an approved off-site facility. **Prior to operation, arrangements must be made with an approved company for the handling of bio-hazardous waste and documentation submitted.**

Types of Sharps Used at the Establishment

Single-use, Disposable Instruments

Source of Sterilized Instruments: _____

Any Instruments Sterilized On-site

If any instruments are sterilized on-site, describe how items will be sterilized: _____

*** ATTACH specification sheet or manual for sterilizer/autoclave AND copies of the forms you will use for **sterilizer logs** and the required **spore test** ***

NOTE: On-site cleaning and sterilization units for use in mobile units is **prohibited**.

Bio-Hazardous Disposal

*** ATTACH copy of service agreement with your bio-hazardous waste company ***

III. CONSTRUCTION SPECIFICATIONS and REQUIREMENTS

Carefully read through the requirements, then complete the table below to indicate the various finish materials for each room/area.

A. INTERIOR SURFACE FINISH REQUIREMENTS

All interior surfaces shall be durable, smooth, non-absorbent and easily cleanable, except as noted below. Typical materials include:

1. FLOORS:

- Industrial grade linoleum, quarry tile, coated and sealed cement
- Commercial-type carpet (**ONLY in office and waiting areas**)
- Storage and restroom areas shall be linoleum, tile or similar material
- Floor/wall (cove) junctures shall be tightly covered to facilitate cleaning and maintenance

2. WALLS:

- Stainless steel panels
- Fiber-reinforced plastic (FRP) boards
- Sealed tiles
- Painted and sealed gypsum boards

3. CEILINGS:

- Painted and sealed gypsum boards, painted and sealed acoustical tiles

Finish Materials				
Surface	Waiting Area	Procedure Area(s)	Storage Area(s)	Instrument Cleaning Room
Floors				
Walls				
Ceilings				
Cove Moldings				

B. EQUIPMENT SURFACES

All surfaces, including but not limited to counters, tables, equipment reclining chairs, armrests, shelving and cabinets in the procedure area and instrument cleaning room shall be made of smooth, non-absorbent and easily cleanable materials to allow for efficient cleaning and disinfecting.

C. PLUMBING FIXTURE REQUIREMENTS

At minimum, the following are required for each body art establishment:

1. In PROCEDURE AREA(S):

Hand sink with hot and cold running water from mixing faucet, Hot water at minimum temperature of 90°F, Soap and paper towels in dispensers for each hand sink.

2. RESTROOM(S):

Toilet(s), Hand sink with hot and cold running water from mixing faucet, Hot water at minimum temperature of 90°F, Soap and paper towels in dispensers.

3. UTILITY SINK (in newly constructed, new ownership or extensively remodeled establishments):

A conveniently located utility sink OR a curbed cleaning facility with hot and cold running water from mixing faucet, Used for the cleaning of mops or similar wet floor cleaning materials, and for the disposal of mop water or similar liquid wastes.

4. OTHER:

Instrument cleaning sinks and hand sinks shall be separate and must only be used for their designated purpose.

IV. ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

1. FLOOR PLAN/EQUIPMENT LAYOUT

Attach to this application a floor plan of all equipment and areas, drawn to scale, including the following:

- Any doors, walls, or curtains used to separate areas/rooms
- Lobby/waiting area(s) and restroom(s)
- Station(s) / Procedure Area(s)
- All hand sinks in each procedure area and restroom
- Fish aquariums and service animal areas
- Instrument cleaning room, if applicable
- Sterilizer / autoclave, if applicable
- Instrument cleaning sink, instrument disinfectant soaking area, and areas for wrapping/packaging equipment and for handling and storage of sterilized equipment
- Utility / mop sink
- Chemical storage and refuse/waste containers
- Laundry area, including clean and soiled laundry storage areas, if applicable

2. INFECTION AND EXPOSURE CONTROL PLAN (available on the web)

Shall include, but not limited to:

- Hand washing procedures
- Universal precautions procedures
- List of antiseptic and disinfectant products to be used
- List of personal protective equipment (PPE) and description of their use

- Tattooing procedures and, if applicable, Body piercing procedures
- Procedures for cleaning and disinfection of procedure area(s)
- Instrument cleaning and sterilization procedures, if applicable
- Procedures for storage and disposal of sharps
- Chemical storage and safety
- Post exposure procedures
- Injury and illness prevention; and
- Infectious Waste Management plan consistent with CRS 25-15-401

3. WRITTEN CLIENT CONSENT and AFTER CARE FORMS

- 4. HEPATITIS B VACCINATION OR DECLINATION FORM(S)** (EXAMPLE on next page)
For every employee that it applies to, provide the required documentation.

5. BLOODBORNE PATHOGEN CERTIFICATE(S) OF COMPLETION

Provide proof of successful completion of a bloodborne pathogen course for every body artist – completed within 30 days of hire and renewed every year.

***** An incomplete application will delay the inspection and approval processes. *****

V. APPLICATION TERMS and CONDITIONS

In applying for this body art establishment plan review, I hereby authorize the health officer and/or their representative to determine compliance with the ***Jefferson County Public Health Rules and Regulations Governing Body Art Establishments in Jefferson County, Colorado.***

I further acknowledge that false or misleading information on this application may be cause to revoke the approval issued for the proposed body art establishment.

OWNER / APPLICANT SIGNATURE

DATE

HEPATITIS B VIRUS (HBV) VACCINATION / DECLINATION

Date: _____

Name: _____

Prior to working in a body art establishment, all persons with the potential for handling sharps and/or infectious waste must provide the following documentation regarding hepatitis B. Check the statement that applies to you:

I have been vaccinated against the hepatitis B virus, and will provide documentation.

*** ATTACH copy of immunization record/vaccination certification to this form ***

I understand that due to my potential occupational exposure to blood and other potentially infectious materials that I may be at risk of acquiring HBV infection. I understand that by declining to be vaccinated, I continue to be at risk of acquiring hepatitis B, a serious disease.

Signature

Date