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Website: www.putnamhealth.com

“Working towards a healthy and safe Putnam County”

PLAN REVIEW CHECKLIST FOR BODY ART FACILITIES
Putnam County Health Department
Per OAC 3701-9

Do not turn in your plans unless all of the items listed below are ready to be reviewed.

- _____ Written verification from the zoning authority and township trustee having jurisdiction over the site locations, stating approval for the business use.
- _____ Floor plans of entire establishment listing total area in square feet.
Premises shall be at least 100 square feet.
Each body art service area shall be at least 36 square feet in area.
- _____ Number, location and types of plumbing fixtures and water supplies.
*A restroom for artists and patrons shall be available with a toilet and a hand sink.
*A hand washing sink with hot and cold water shall be located separate from the restroom and in close proximity of each body artist conducting services. (number & location of sinks is at the Health Departments discretion)
- _____ Lighting plan. List types of bulbs and wattage:
A minimum of 20 foot-candles at a distance of 30 “ above the floor shall be provided throughout the establishment.
A minimum of 40 foot-candles of light shall be provided at the level where the body art is being performed.
- _____ List of all equipment to be used and the finished material (i.e. stainless steel, formica, aluminum, vinyl etc). Include the manufacturer name and model number when applicable. (include tattooing stations, countertops, storage bins, chairs etc)
- _____ Floor plan showing the equipment layout and the floor, wall and ceiling finishes.
Floors directly under equipment shall be impervious, smooth and able to be sanitized.
- _____ Submit a written infection prevention & control plan
- _____ A copy of all forms, records, and after care procedures
- _____ List types of waste receptacles for disposal of used gloves, dressings, trash and needles (including hazardous & infectious waste and sharps containers).

A copy of the Body Art Rules are included with the plan review.

PAY A PLAN REVIEW FEE OF \$150.00 WHEN THE PLANS ARE SUBMITTED FOR REVIEW.
Once all of the paperwork has been submitted, allow the Sanitarian 14 days to review the plans. Once reviewed and accepted, one on-site inspection will be conducted prior to issuance of the license.



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REQUIRED INFORMATION FOR A BODY ART ESTABLISHMENT

OPERATOR (NAME) _____

OPERATOR (Assn., Corporation, Partnership) _____

HOME ADDRESS OF OPERATOR _____

ADDRESS OF BUSINESS _____

PHONE NUMBER OF OPERATOR (or partnership) _____

PHONE NUMBER AT BUSINESS _____

OCCUPATION OF OPERATOR _____

HOURS OF OPERATION _____

NAME OF EACH PERSON WHO HAS AN OWNERSHIP INTEREST OF 5% OR MORE

LIST OF ALL BODY ARTIST WHO WILL BE PERFORMING SERVICES (if more space is needed, use back)

<u>Name</u>	<u>Service to perform</u>
_____	_____
_____	_____

I do hereby state that I intend to abide by all the regulations and requirements of the Ohio Revised Code sections 3730 and the rules of the Ohio Administrative Code Chapter 3701-9. I further agree to abide by any additional requirements of the Putnam County Board of Health as approved per law. Failure to fulfill this requirement may result in the revocation of the approved license.

Operators' signature
Date

***Signature required. Application will NOT be processed until payment is received.**