CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Application to Operate a New Body Art Facility

Name of Facility				
Address				
City				Zip
Phone		Email		
Owner/Operator	1			
submitted before pla application fee is no plan and specification	ans will be acce <u>n-refundable.</u> F ons for the new	pted for Please re busines		nitted for review, the necklist for the required s are accepted by the
□ Type I. Body Piercing Only Facility				\$600.00 per year
□ Type II. Tattooing Only Facility				\$600.00 per year
□ Type III. Combination Body Piercing & Tattooing Facility				\$700.00 per year
☐ Type IV. Time Limited Body Piercing/Tattooing (not to exceed 7 days)				\$150.00 plus \$25.00 each additional day
Please complete the	following for T	ime Lim	ited Approvals only ((Temporary Events)
Name of Event				Date(s)
Address				City
			Body Art facility ind the Ohio Revised Co	icated above, and I will
Signature of Applicant				Date
For office use only				Revised January 2023
Approved by				Date
Login #	Fee Amount		Permit #	New □



Direct: 216.201.2000 ♦ Fax: 216.676.1311 ♦ www.ccbh.net

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<u>PLEASE NOTE: PLANS THAT ARE MISSING ANY OF THE FOLLOWING INFORMATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED.</u>

Plans and specifications that are drawn legibly and reasonably to scale that include:				
☐ The total area to be used for the business☐ Entrances and exits				
 Number, location, and types of plumbing fixtures, including all water facilities: a) A restroom shall be located within establishment and be equipped with a toilet and hand sink b) A hand sink shall be located separate from a restroom and in close proximity to all artist procedure areas. Operators cannot pass through a doorway to access hand sink. c) A separate sink shall be provided for cleaning and rinsing equipment for the sterilization process (when applicable) 				
☐ Lighting plan☐ Floor plan, showing the general layout of the fixtures and equipment (include room dimensions).				
☐ List of all equipment to be used, including manufacturer and model numbers				
□ Written verification from zoning authority and building department having jurisdiction that the building has been zoned and approved for the business use				
☐ Example patron consent form documenting all of the following information:				
Patrons name, address, and date of birth; Date of service; Color and manufacture of all inks, or pigments used; Jewelry used including size, material composition, and manufacturer; Location of procedure; Lot numbers of sterilized equipment used; Name of artist performing procedure				
A Written Infection and Prevention Control Plan that includes but is not limited to the following:				
 □ Procedures for decontaminating and disinfecting environmental surfaces □ Procedures for decontaminating, packaging, sterilizing, and storing reusable equipment and instruments 				
 □ Procedures for protecting clean or sterile instruments from contamination during storage □ Procedures for ensuring that standard precautions and aseptic techniques are utilized during all body 				
art procedures □ Procedures for the safe handling and disposal of needles □ Aftercare guidelines				
Names of all persons who will perform tattooing or body piercing at the facility including records of their training in the following:				
 Documentation of training in the body art (trainers must be licensed/inspected by health authority) Documentation of current completion of course in first aid 				
□ Documentation of current completion of course in blood borne pathogens				
□ Names of all persons who have an ownership interest of 5% or more in the business				



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