

**PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT
ENVIRONMENTAL DIVISION
2017 NEW BODY ART ESTABLISHMENT
PERMIT TO OPERATE APPLICATION**

INSTRUCTIONS

Ohio Administrative Code (OAC) 3701-9-02(A) In accordance with section 3730.02 of the Revised Code, no person shall operate a business offering body art services without first obtaining approval of the board of health in the jurisdiction in which the business will operate.

OAC 3701-9-02(B) No person shall construct, install, provide, equip, or extensively alter a body art establishment until all plans and specifications for the facility layout, equipment and operation have been *submitted to and accepted*, in writing, by the board of health of the city or general health district in which the business is located.

2017 New Body Art Establishment Permit to Operate Application:

1. Complete all sections of the application.
2. A written copy of the infection prevention and control plan must be submitted with this application in accordance with Ohio Administrative Code (OAC) 3701-9-02(B)(8).
3. Sign and date the application. A pre-license inspection is required prior to approval of this application. Contact Jack Madved, R.S. at (330) 296-9919 ext. 116 for inspection.
4. Make check or money order payable to: Portage County Health District
5. Return payment and signed application to:

Portage County Health District
705 Oakwood Street
Suite 208, Ravenna Ohio 44266

Should you have questions or concerns about the application or the written infection prevention and control plan, please contact Jack Madved, RS, at your convenience at (330) 296 -9919 ext. 116.

SECTION 1: GENERAL INFORMATION

TYPE OF OPERATION:

_____ Tattooing _____ Body Piercing _____ Tattooing & Body Piercing

Name of Establishment:

Location of Establishment:

Street Address:

City: _____ State: _____ Zip Code:

Business Phone: _____ Fax:

Email address:

Owner/Operator*:

Mailing Address:

City: _____ State: _____ Zip Code:

Phone: _____ Fax:

Occupation of the Owner/Operator:

Email address:

***Note:** If more than one owner, please include their information on a separate paper.

Entity Name:**

Mailing Address:

City: _____ State: _____ Zip Code:

Phone: _____ Fax:

Occupation of the Owner(s)/Operator(s):

Email address:

****Entity:** If the operator is an association, corporation, or partnership, include the address and telephone number of the entity and identify the name of every person who has an ownership interest of five per cent or more in the business on a separate paper.

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SECTION 2: BODY ART ESTABLISHMENT APPLICATION AND PERMIT TO OPERATE FEE INFORMATION

Application Fee (New Establishment) \$ 75.00

Annual Permit to Operate Fee \$125.00

Every person who intends to open a new body art establishment shall apply for an approval at the time the plans and specifications are submitted to the board of health. Initial approvals granted on or after October first shall be effective from the date of issuance until December thirty-first of the following year, unless suspended or revoked under section 3730.05 of the Revised Code.

In accordance with Ohio Administrative Code OAC 3701-9-02(D), (E), and (F), the annual fee and written authorization for the operation of the body art establishment shall be obtained for each calendar year prior to operating the body art establishment for the calendar year for which application is made.

Approvals are not transferrable and remain valid for one year, ending December thirty-first.

Please submit payments in the form of a check or money order payable to Portage County Health District.

SECTION 3: LIST OF BODY ARTISTS

In accordance with Ohio Administrative Code 3701-9-02(C)(4) please list all body artists who have received adequate training and will perform body art services in this body art establishment.

Name(s):

1. _____ Tattooing ___ Body Piercing ___ Combined Tattooing & Piercing ___

2. _____ Tattooing ___ Body Piercing ___ Combined Tattooing & Piercing ___
3. _____ Tattooing ___ Body Piercing ___ Combined Tattooing & Piercing ___
4. _____ Tattooing ___ Body Piercing ___ Combined Tattooing & Piercing ___
5. _____ Tattooing ___ Body Piercing ___ Combined Tattooing & Piercing ___
6. _____ Tattooing ___ Body Piercing ___ Combined Tattooing & Piercing ___
7. _____ Tattooing ___ Body Piercing ___ Combined Tattooing & Piercing ___

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SECTION 4: REQUIREMENTS FOR OPERATION OF A BODY ART ESTABLISHMENT

The Owners(s)/Operator(s) and/or Entity shall comply with all requirements and subsequent amendments established by sections 3701.01 to 3730.11 of the Revised Code and the rules of this chapter, Ohio Administrative Code 3701-9.

SECTION 5: PLANS AND SPECIFICATIONS

Plans and specifications shall clearly show the applicable provisions of the rules in this chapter can be met and shall include, but not be limited to, the following:

- (1) The total area to be used for the business;
- (2) Entrances and exits;
- (3) Number, location and types of plumbing fixtures, including all water supply facilities;
- (4) Lighting plan;
- (5) Floor plan, showing the general layout of the fixtures and equipment;
- (6) Listing of all equipment to be used, including the manufacturer and model numbers;
- (7) Written verification from the zoning authority and building department having jurisdiction that the building has been zoned and approved for the business use;

SECTION 6: SAFETY AND SANITATION STANDARDS

Owners and Operators shall comply with all safety and sanitation standards set forth in Ohio Administrative Code 3701-9-04.

In accordance with Ohio Administrative Code (OAC) 3701-9-04(N), the operator of an existing and approved body art establishment shall submit, to the board of health for approval, 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 be kept up to date and resubmitted to the board of health as necessary. The plan shall include:

- (B)(8) Written infection prevention and control plan that includes, but is not limited to, the following:
 - (a) Decontaminating and disinfecting environmental surfaces;
 - (b) Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments;

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- (c) Protecting clean instruments and sterile instruments from contamination during storage;
- (d) Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures;
- (e) Safe handling and disposal of needles;
- (f) Aftercare guidelines.

A written copy of the infection prevention and control plan must be submitted with this application.

In accordance with Ohio Administrative Code 3701-9-04(V), the disposal of waste items including, but not limited to needles, razors and other supplies capable of causing lacerations or puncture wounds, generated through the provision of any body art procedure shall be disposed in accordance with Chapter 3745-27 of the Administrative Code.

Note: State of Ohio regulations require infectious waste sharps containers and detailed record keeping.

SECTION 7: APPROVED PERMIT POSTING

In accordance with Ohio Administrative Code 3701-09-02 (G), the Operator(s) shall post the current approval in a conspicuous manner on the business premises.

In accordance with Ohio Administrative Code 370-1-9-02(M) Operators of an approved business performing body art services, other than those utilizing an ear piercing gun, shall ensure that services are not performed outside the business premises, unless the board of health has provided approval for a time-limited operation.

SECTION 8: INSPECTIONS

In accordance with section 3730.04 of the Revised Code and Ohio Administrative Code 3701-9-02 (H) and (I), the operator shall give the board of health access to the business premises and to all records relevant to conduct an inspection.

Name and Title Printed or Typed

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HEALTH DISTRICT USE ONLY

New Application: _____
(Body Art Establishment Name)

Pre-approval inspection is required:

Inspector: _____

Date inspected: _____

Approved: _____

Denied: _____

Action By: _____

Date: _____

Permit Number _____

Cash or Check # _____

Receipt # _____

Date Paid: _____