

BODY ART LICENSING PACKET



Guide to Obtaining a License
for a Body Art Business
in Columbus & Worthington

Updated March 2017

Tattoo machine image by Eric Bergholz from The Noun Project



COLUMBUS
PUBLIC HEALTH

LICENSING

All body art businesses in the City of Columbus and Worthington are required to have a body art license (approval) issued by Columbus Public Health (CPH). Body art businesses include facilities offering services in tattooing, piercing, permanent cosmetics and microblading. If planning to open a body art facility, remodel a facility or change approval status (e.g., adding a sterile room, adding piercing or tattooing) the facility will need to submit a request to CPH for approval. Go to <http://www.publichealth.columbus.gov> for information about the CPH Body Art Program.

CONSTRUCTION AND PLUMBING GUIDELINES FOR BODY ART BUSINESSES

CONSTRUCTION

- Ensure all contractors and subcontractors are licensed (Check with City of Columbus Building Services at 614-645-7314.)
- Ensure contractors obtain necessary permits through Building Services
- Contact CPH with questions or to request a walk through inspection during construction

WHEN IS A PLUMBING PERMIT REQUIRED?

- New work
- Renovations
- Additions
- Replacing or adding to parts of an existing system

WHO IS ALLOWED TO ACQUIRE A PLUMBING PERMIT?

- **Residential (1, 2 or 3 family)**
 - Single Family Owner/Occupant (must live at residence)
 - O.C.I.L.B. Licensed and registered contractor (with the City of Columbus Building and Zoning Services division)
- **Commercial/Multi-family**
 - O.C.I.L.B. Licensed and registered contractor (with the City of Columbus Building and Zoning Services division)

GETTING STARTED

The following steps are required to obtain a Body Art License from Columbus Public Health:

Step 1: Submit Plans (at least 30 days prior to construction)

Include the following:

- Completed Application for a License to Conduct a Body Art Business
 - Attached at end of packet
- \$350 license fee
- Completed Plan Review Application
 - Contained in this document (pages 4-9)
- Written verification from the zoning authority and building department
- Written Infection Prevention and Control Plan
 - Contained in the document (pages 10-13)

Step 2: Plan Review Process

- CPH will start the review within 30 days after the plans and fee are submitted.
- If plans require additional information or changes, applicant will be contacted.

Step 3: Plan Approval Process

- A letter will be sent informing applicant that review is complete and has been approved.

Step 4: Pre-Operation Inspection

- Obtain signatures ('sign offs') from all building inspectors before contacting CPH for a pre-operation inspection. Arrange for this inspection once approval for a **Certificate of Occupancy** (or Partial Certificate of Occupancy, if applicable) has been given.
- Ensure the facility is prepared to be fully functional prior to pre-operation inspection. This preparation includes having all tools and equipment on site and the facility set up per the floor plan submitted with the application.
- CPH requires a minimum of 2 business days' notice to schedule an inspection. Ensure the inspection is scheduled with sufficient time to allow for re-inspection if necessary. **Call 614-645-7005 to schedule the inspection.**
- Once the pre-operation inspection is completed and the facility is approved by CPH, a license will be issued and the facility may open for business.

Application for a License to Conduct a: (check only one)

- Tattoo Service
- Body Piercing Service
- Tattoo & Body Piercing Service
- Permanent Cosmetics

Instructions:

1. Complete all applicable sections.
2. Sign and date the application.
3. Make a check or money order payable to: **Columbus City Treasurer** in the amount of **\$350**.
4. Return check and signed application to:

**Columbus Public Health
Attn: Tattoo & Body Piercing Licensing Program
240 Parsons Ave.
Columbus, Ohio 43215**

Before the license application can be processed, the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3730.01 to 3730.11 of the Ohio Revised Code.

| | | |
|---|-------|--|
| Name of Business | | |
| Address | | Suite |
| City | State | Zip |
| Phone # | Fax # | Email |
| Name of license holder | | Phone number |
| Address of license holder | | License holder is: (check all that apply) * owner disclosure on back <input type="checkbox"/> Owner <input type="checkbox"/> Co-Owner* <input type="checkbox"/> Operator* |
| City | State | Zip |
| Name of individual(s) trained in bloodborne pathogens and their certification number (if available). (Use back for additional names.) | | |

Mailing address for annual renewal is: facility address license holder address other (complete box below)

| | | |
|--|-------|---------|
| Name of parent company or owner | | Phone # |
| Address | | |
| City | State | Zip |
| I hereby certify that I am the license holder, or the authorized representative of the tattoo and/or body piercing establishment indicated above, and will comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and all sections of Chapter 3701-9 of the Ohio Administrative Code. | | |
| Signature | | Date |

Licensors to complete below

| | | |
|-------------|------------|----------------|
| Category | | |
| License fee | + Late fee | = Total Amount |

Application approved for license as required by Chapter 3730 of the Ohio Revised Code.

| | | | |
|----|------|-----------|-------------|
| By | Date | Audit no. | License no. |
|----|------|-----------|-------------|

Fields below for additional information

Name of individual(s) trained in bloodborne pathogens (continued from front).

| |
|--|
| |
| |
| |

Owner information if not listed as License Holder on front. Also list other co-owner(s).

| | | |
|------------------|-------|--------------|
| Name of owner | | Phone number |
| Address of owner | | |
| City | State | Zip |

(4/17)

SECTION A: PLAN REVIEW APPLICATION

Contact Information

Body Art Business Name: _____

Facility Address: _____

Facility Phone: _____ Facility Email: _____

Contact Person for Plan Review: _____

Contact Person Phone: _____ Email: _____

List owners with 5% or more interest in business:

Plan Review Type

New Body Art Facility PARCEL ID: _____

Remodel/Extensive Alteration of Existing Body Art Facility

**If remodel, please briefly describe scope of project:*

Estimated date construction will begin: _____

Estimated date facility will
be ready for licensing: _____

Type of Establishment (Check all that apply)

Tattoo Piercing Permanent Makeup

Microblading

Water Supply: City Other (please specify)

Sewage Disposal: Sanitary Sewer Semi Public
If Semi-Public, is it approved by OEPA? Yes No

Internal use only:

Date received _____

Received by _____

Amount paid _____

AR# _____

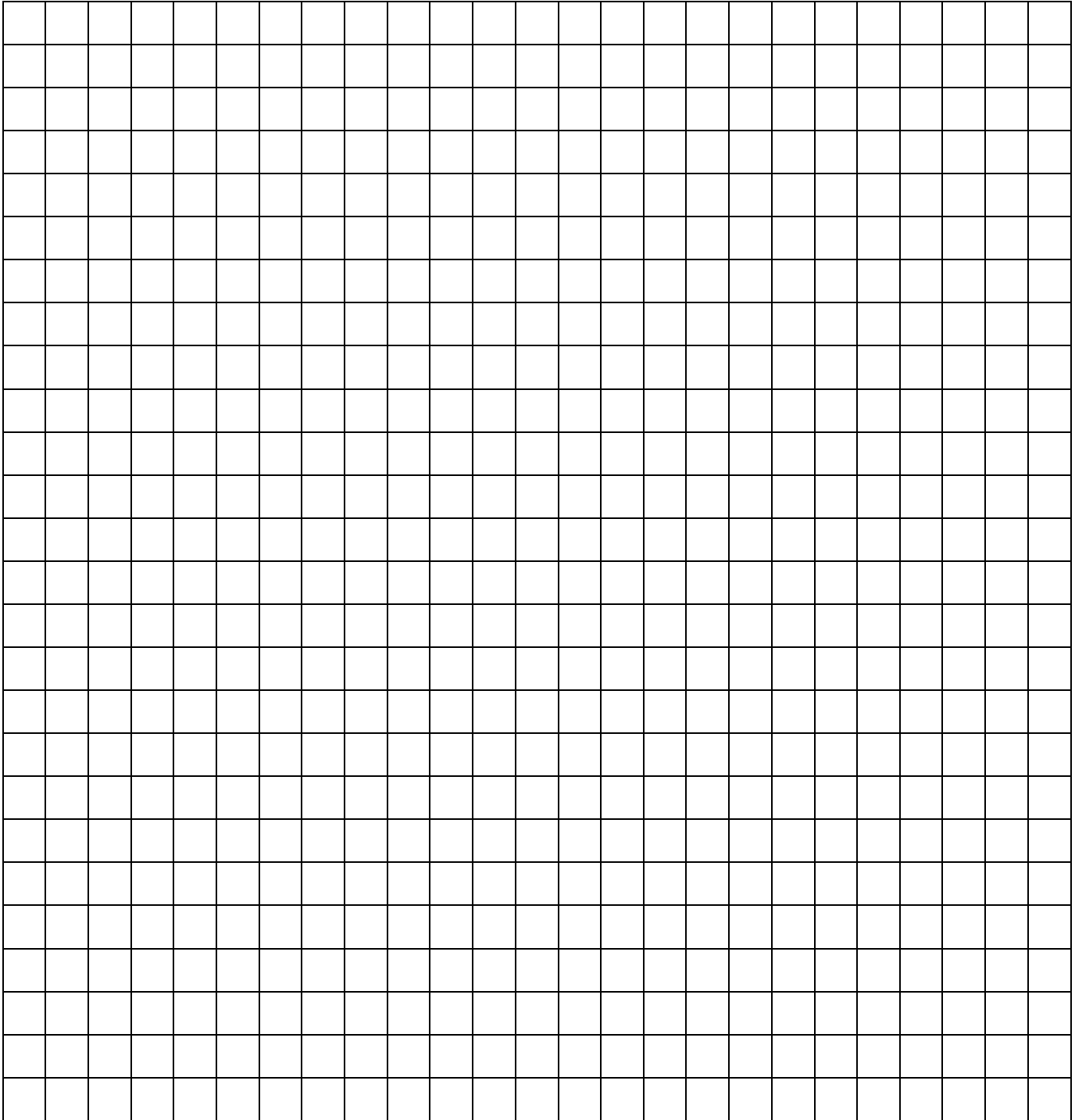
PR# _____

IN# _____

PE Code _____

SECTION B: FLOOR PLAN

Provide one complete set of drawings of the facility to include: floor plan of total area to be used for the business, square footage of all areas to be used, general layout of fixtures and equipment, entrances and exits, location and types of plumbing fixtures (including all water supply facilities) and lighting plan. Complete drawings to scale on grid below or attach digital or blue print copy when submitting packet.

A large grid for drawing a floor plan, consisting of 20 columns and 20 rows of squares.

SECTION C: INTERIOR FINISHES

Use the following chart to indicate all interior finishes. All surfaces must be smooth and easily cleanable. Contact CPH with questions on whether specific surfaces are approved for use in a body art operation.

This information is included in plans submitted.

| Room Name | Floors | Walls | Ceilings | Coving |
|------------------------------------|--------------------|------------------------|------------------------------|-----------------------|
| <i>Example: Procedure Area</i> | <i>Quarry tile</i> | <i>Painted Drywall</i> | <i>Vinyl acoustical tile</i> | <i>Plastic Coving</i> |
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SECTION D: EQUIPMENT

Using the chart provided, list all equipment being used for body art services. Include all mechanical equipment (tattoo machines, autoclave, etc.) and all single use procedure tools (needles, tubes, etc.).

| Type of Equipment | Manufacturer | Model |
|---------------------------|---------------|---------------|
| <i>Example: Autoclave</i> | <i>Statim</i> | <i>123456</i> |
| | | |
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SECTION E: JEWELRY

As required by OAC 3701-9-06 “Only sterilized jewelry made of ASTM F136 compliant titanium or ASTM F138 compliant steel, solid 14K or 18K white or yellow gold, niobium, or platinum, shall be placed in a new piercing. Mill certificates for jewelry shall be maintained at the body art establishment.” **Ensure mill certificates for all jewelry used in the facility are available for inspector review at all times.**

SECTION F: EDUCATION

The Ohio Administrative Code requires that all body artists have proof of appropriate training. This proof can be any records of completion of courses and seminars, written statements of attestation by individuals offering body art apprenticeships or any other documentation acceptable by the Board of Health. List below the full name of all artists expected to perform services at the facility, and include for each artist the following information:

1. Written statement of attestation, including full name and phone number of individual artist apprenticed under
OR
2. Attach approved body art training certificates

SECTION G: TRAINING

Body Artists performing procedures must have records of completion of training in first aid and standard precautions for preventing transmission of bloodborne and other infectious diseases. Attach proof of course completion for both **first aid and bloodborne pathogens training** for each artist listed in Section F.

NOTE: Artists that do not provide proof of training will not be approved to perform procedures until necessary course work has been completed. Insufficient proof of training records for facility may result in delay of license approval.

SECTION H: INFECTION PREVENTION AND CONTROL PLAN

FACILITY NAME: _____

ADDRESS: _____

OWNER NAME: _____ PHONE: _____

As of September 1, 2015, all facilities are required to have a written Infection Prevention and Control Plan, approved by the Board of Health, 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.

This written Infection Prevention and Control Plan shall include, but is not limited to, the following:

- (a) Decontaminating and disinfecting environmental surfaces;
- (b) Decontaminating, packaging, sterilizing and storing reusable equipment and instruments;
- (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 guideline

A. DECONTAMINATING AND DISINFECTING ENVIRONMENTAL SURFACES

Describe the procedures and frequency of decontaminating and disinfecting surfaces in your facility:

Workstations/Counter Tops: _____

Chairs/Stools: _____

Trays: _____

Armrest/Head Rest: _____

Tattoo Machine and Clip Cord: _____

Other Procedure Areas/Equipment: _____

*Hospital grade disinfectants must be capable of killing or destroying nearly all disease producing microorganisms. **Homemade bleach solutions do not fall into this category.***

What hospital grade disinfectant will be used on surfaces? _____

What is the required wet contact time for this disinfectant to be effective against Hepatitis B and C?
_____ Minutes

List any other chemicals or cleaning agents used in facility: _____

Describe the cleaning procedures and frequency for the following areas:

Customer Waiting Area: _____

Restrooms: _____

B. DECONTAMINATING, PACKAGING, STERILIZING AND STORING REUSABLE EQUIPEMENT AND INSTRUMENTS

Non reusable instruments used in body art procedures must either be single use or appropriately sterilized after each procedure.

How will sterile instrument packages be labeled to provide proof of sterilization and expiration?

What is the procedure for evaluating sterile instrument packages prior to use?

What remedial action is taken if the integrity of a sterile package has been compromised prior to use?

Are instrument packages opened in front of customer? _____

If facility is using only pre-packaged/pre-sterile equipment, skip to section C. If facility is sterilizing instruments in house (autoclave), answer the following questions:

List name and manufacturer of autoclave and ultra-sonic cleaner: _____

Is autoclave able to sterilize hollow instruments? YES NO

Does autoclave have a mechanical drying cycle? YES NO

Where is autoclave located in facility? _____

What are the procedures and frequency of cleaning decontamination area (room where autoclave is located)?

A biological indicator test must be performed and submitted to a lab on a weekly basis, and all records of tests must be maintained and readily available for at least 2 years.

What is the protocol for a failed indicator test? _____

How will results be logged at facility? _____

Please list the 11 steps the facility will use for cleaning and sterilizing non disposable instruments after each use:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

Function of autoclave will be monitored by use of (check one of the following):

- Color changing indicator and sterilization integrator
- Color changing indicator and digital print out from sterilizer

C. PROTECTING CLEAN INSTRUMENTS AND STERILE INSTRUMENTS FROM CONTAMINATION DURING STORAGE

How will sterile instruments be stored in facility?

If sterilizing own equipment, how long may equipment be kept before considered expired/need to be re-sterilized?

D. ENSURING THAT STANDARD PRECAUTIONS AND ASEPTIC TECHNIQUES ARE UTILIZED DURING ALL BODY ART PROCEDURES

Describe in detail the step-by-step process of setting up a workstation prior to a procedure:

List equipment that will be covered during the procedure and what type of protective barrier will be used for each piece of equipment:

What is the material of disposable gloves the facility will be using during a procedure (Latex, Nitrile, etc.)?

At what times throughout a procedure will gloves be changed?

At what times throughout a procedure will hands be washed?

Which sink will be used for hand washing during a procedure? _____

Describe the steps for preparing and cleaning the skin prior to a procedure, including what solutions will be used:

What product(s) will be used to transfer stencils? _____

If piercing, how will skin be marked prior to procedure? _____

Describe procedure and materials used for bandaging skin after a procedure:

Describe, in detail, the step-by-step process of tearing down a workstation after a procedure:

E. SAFE HANDLING AND DISPOSAL OF NEEDLES

How many sharps containers will be in facility? _____

Where will sharps containers be located in facility? _____

What items will be disposed of in sharps containers? _____

How will sharps containers be disposed of?

F. AFTERCARE GUIDELINES

Attach aftercare guidelines that will be given to clients.

PLAN REVIEW COMPONENTS

Ensure plans are complete before submitted to CPH. Use the following check list to ensure all licensing packet components are included. Lack of complete information may delay plan approval and/or the opening of your business.

Please indicate that the following items are included (√) or indicate if not applicable (N/A).

- Application for a License to Conduct a Body Art Business and License Fee
- Plan Review Application (Section A)
- Written verification from the zoning authority that the building is zoned properly for business
- Facility Floor Plan drawn to scale with all necessary components (Section B)
- Listing of all interior finishes (Section C)
- Listing of all equipment to be used, including the manufacturer and model numbers (Section D)
- Proof of Education (Section F)
- Proof of first aid and bloodborne pathogens training (Section G)
- Written Infection Prevention and Control Plan (Section H)

Reminder: Please ensure all items have been marked as included (√) or not applicable (N/A).

LICENSING PACKET SUBMISSION

This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process. **I am submitting the plans and specifications for the facility layout, equipment and operation.**

Signature of applicant: _____

Date: _____

Submit Plans To: Columbus Public Health
Body Art Program – Plan Review
240 Parsons Ave.
Columbus, OH 43215

Questions? Phone: 614-645-7005
Fax: 614-645-7155

FOR OFFICE USE ONLY

- Application for a License to Conduct a Body Art Business
- License Fee
- Plan Review Application (Section A)
- Written verification from the zoning authority that the building is zoned properly for business
- Facility Floor Plan drawn to scale with all necessary components (Section B)
 - Total area to be used for business
 - Square footage of all usable areas
 - General layout of fixtures and equipment
 - Entrances and Exits
 - Location and types of plumbing fixtures
 - Lighting Plan
- Listing of all interior finishes (Section C)
- Listing of all equipment to be used, including the manufacturer and model numbers (Section D)
- Proof of Education (Section F)
 - Verification of training agency or contact facility of apprenticeship
- Proof of first aid training (Section G)
- Proof of bloodborne pathogens training (Section G)
- Written Infection Prevention and Control plan (Section H)
 - Decontaminating and disinfecting environmental surfaces
 - Decontaminating, packaging, sterilizing and storing reusable equipment and instruments
 - Protecting clean instruments and sterile instruments from contamination during storage
 - Ensuring that standard precautions and aseptic techniques are utilized
 - Safe handling and disposal of needles
 - Aftercare guidelines
- Checklist and submission signature