



**Portsmouth Health Department**  
**Division of Environmental Health**  
 1701 High St  
 Portsmouth, VA 23704  
 (757) 393-8585, Ext 8585; Fax (757) 393-8027

Office Records
Date Received: _____
\$200 Plan Review: _____

## Body Art Establishment Plan Review Application

**\*\* Please fill out application entirely. \*\***

Application fee \$200; Make checks payable to *Portsmouth Health Department*.

**Purpose:**  New Establishment  Renovation  Name Change  Owner/Corporation Change

**Name of Establishment:** \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
 Facility Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Contact Person & Title** (architect, manager, builder, etc.): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Projected Date for Completion of Project:** \_\_\_\_\_

**Type of Services:**  Body Art (tattooing)  Body Piercing  Permanent Cosmetic

**Number of Stations:** \_\_\_\_\_

**Please provide the following documents:**

- Manufacturer specification sheets for each piece of equipment as shown on the plan.
- Architectural plans drawn to scale of food establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes.

**FACILITY REVIEW (circle or enter your answer where applicable)**

1. Are multiple body art stations separated by dividers, curtains, or partitions?  YES  NO
2. Are all rooms equipped with adequate lighting and ventilation?  YES  NO

**WATER SUPPLY**

1. Is the facility's water supply public or private? \_\_\_\_\_  
 If private, has the source been approved?  YES  NO

**SEWAGE DISPOSAL**

1. Is the building connected to city sewer? \_\_\_\_\_  
 If not, is the private disposal system approved?  YES  NO

**DISPOSAL METHOD**

1. Describe how needles, razors and other contaminated item(s) will be managed and disposed of.  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Has an approved waste hauler been contracted to remove medical waste?  YES  NO  
 (If yes, provide the name and frequency of removal) \_\_\_\_\_

**EXPOSURE CONTROL PLAN**

- 1. Attach or describe your exposure control plan in the box below. This plan is a written document that outlines protective measures the employer will take to minimize or eliminate employee exposure to blood borne pathogens or other possibly infectious materials.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HANDWASHING/TOILET FACILITIES**

- 1. Number of hand sinks: \_\_\_\_\_
- 2. Is there a hand sink in each operator area?  YES  NO
- 3. Do all hand sinks, including those in the restrooms, have a mixing valve or combination faucet allowing hot and cold water under pressure?  YES  NO
- 4. Are all hand sinks equipped with disposable paper towels and hand soap?  YES  NO
- 5. Are covered waste receptacles available in all operator areas and restrooms?  YES  NO

**CLIENT RECORDS\*\***

- 1. Are records of all body art procedures administered, including date, time, identification, and location of the body part procedure(s) performed, and operators name retained on the premises?  YES  NO
- 2. Do records of all persons who have had body art procedures performed, include the name, date of birth, address of the client, the date of the procedure, the name of the operator who performed the procedure(s), type and location of procedure performed, batch number of the sterilized equipment used, and signature of the client?  YES  NO
  - a. If client is a minor, do records contain proof of parental or guardian presence and consent, i.e., signature?  YES  NO

\*\*Records shall be maintained for a minimum of **FOUR YEARS** and be available to the health department upon request.

**SANITIZATION/STERILIZATION PROCEDURES**

- 1. How are all non-single use, non-disposable instruments used for body art cleaned thoroughly after each use?

\_\_\_\_\_

- 2. How are all non-single use, non-disposable instruments used for body art sterilized and stored?

\_\_\_\_\_

\*\* A copy of the manufacturer’s recommended procedures for the operation of the sterilization unit must be available for inspection. Sterilizers used must demonstrate ability to attain sterilization by monthly spore tests, verified by an independent laboratory. Records shall be maintained for a minimum of **FOUR YEARS** and be available to the health department upon request.

- 3. Where will reusable instruments for tattooing, cosmetic tattooing and body piercing be stored after cleaning and sterilization?

\_\_\_\_\_

- 4. How will inks, dyes and pigments be handled upon completion of the tattoo?

\_\_\_\_\_

\*\*\*\*\*

**Approval of these plans and specifications by the Portsmouth Health Department does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing body art establishments.**

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Portsmouth Health Department may nullify final approval.

Applicant’s Signature: \_\_\_\_\_  
Applicant’s Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_  
Date: \_\_\_\_\_

\*\*\*\*\*

**For Official Use: Items Submitted in Packet**

- Plan review fee of \$200
- Permit application with \$1,500 fee
- Manufacturer specifications for equipment
- Plans drawn to scale
- Practitioner/technician documentation

Plans Reviewed and Approved: EHS: \_\_\_\_\_ Date: \_\_\_\_\_  
EHS: \_\_\_\_\_ Date: \_\_\_\_\_