



Commonwealth of Virginia
Chesapeake Health Department
Division of Environmental Health
 748 North Battlefield Boulevard
 Chesapeake, VA 23320
 (757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
\$200 Plan Review _____
\$1200 Annual Permit _____

BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION
THIS IS NOT A PERMIT TO OPERATE

*Please print or type the information requested below and return the completed application. Application with plan review fee of \$200 must be submitted to the Chesapeake Health Department for review and approval before any work may be done in the body art establishment. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

Name of Establishment: _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Fax number: _____
 Billing Address: _____

Name of Owner _____
 Mailing Address: _____
 Telephone: _____

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

Email Address: _____ (Important for Product Recalls & Public Health Emergencies)
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I have submitted plans/applications to the authorities on the following dates:

_____ Development & Permits	_____ Commissioner of Revenue
_____ Zoning	

Projected Date for Completion of Project: _____

Number of Stations: _____ **Type of Services:** Body Art Body Piercing Permanent Cosmetic

Checklist of required documents:

_____ DPOR license, Red Cross certification in first aid and blood borne pathogens, hepatitis testing, tetanus shot, and TB test/risk assessment documentation for all practitioners/technicians	_____ Site plans showing location of business in building: location of building on site including location of any outside equipment.
_____ Architectural plans drawn to scale of establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes.	_____ Manufacturer specification sheets for each piece of equipment shown on the plan

FACILITY REVIEW (circle or enter your answer where applicable)

- 1. Are multiple body art stations separated by dividers, curtains or partitions? YES/NO
- 2. Does each operator area consist of a minimum 45 square foot of floor space? YES/NO
- 3. Is there at least 75 foot candles (Fc) of light provided in each working/operator area? YES/NO
- 4. Are all rooms equipped with adequate ventilation? YES/NO

WATER SUPPLY

- 1. Is the facility's water supply public or private? _____
If private, has the source been approved? Attach a copy of written approval and/or permit. YES/NO
Provide schedule for cleaning & maintenance

SEWAGE DISPOSAL

- 1. Is the building connected to city sewer? _____
If no is the private disposal system approved? Attach a copy of written approval and/or permit YES/NO

DISPOSAL METHOD

- 1. Describe how needles, razors and other contaminated item(s) will be managed and disposed.

- 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 equipped with wrist or foot operated controls? YES/NO
- 3. Do all hand sinks, including those in the restrooms, have a mixing valve or combination faucet allowing hot and cold water? YES/NO
- 4. Are hot and cold, running water under pressure, available at each hand sink with, hot water reading at least 100° F? YES/NO
- 5. Is hand soap available at all hand sinks? YES/NO
- 6. Are disposable paper towels available at all hand sinks? YES/NO
- 7. Are covered waste receptacles available in all operator areas and restrooms? YES/NO
- 8. Are all toilet room doors self-closing? 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 three years and shall 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 packed?

How are all non-single use, non-disposable instruments used for body art sterilized**?

** A copy of the manufacturer’s recommended procedures for the operation of the sterilization unit must be available for inspection. Sterilizer used must demonstrate ability to attain sterilization by monthly spore tests, verified by an independent laboratory. Records shall be maintained for a minimum of three years and shall 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? _____

Please answer every question that applies to your body art establishment operation. Ensure your plans are complete.

Approval of these plans and specifications by the Chesapeake 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 Chesapeake Health Department may nullify final approval.

Signature _____

Print Name _____

Date: _____

For Official Use: Items Submitted in Packet

- ___ Plan review fee of \$200
- ___ Permit application with \$1200 fee
- ___ Manufacturer specifications for equipment
- ___ Plans drawn to scale
- ___ Practitioner/technician documentation

Make checks payable to:
 Chesapeake Health Department or CHD
 748 Battlefield Boulevard, North
 Chesapeake, VA 23320

Plans Reviewed and Approved EHS: _____ Date: _____

EHS: _____ Date: _____