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: _________

Body Art Establishment Plan Review Application

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

Application fee $200; Make checks payable to *Chesapeake 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: ______________________________

I have submitted plans/applications to the authorities on the following dates:

__________ Development & Permits	__________ Commissioner of Revenue	__________ Zoning

Projected Date for Completion of Project: ____________________

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

Number of Stations: ____________

Checklist of required documents:

_____ DPOR license, Red Cross certification in first aid and blood borne pathogens, hepatitis testing, 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. Are 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? **YES/NO**

SEWAGE DISPOSAL

1. Is the building connected to city sewer? ____
   If no, 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.
   ____
   ____
   ____
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? **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 sterilized and stored?
   ____
   ____

   ** 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? ______________________

****

Approval of these plans and specifications by the Chesapeake Health Department <u>does not</u> 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.

Applicant's Signature: ____________________________________ Title: ______________________________
Applicant's Name (printed): ___________________________________ Date: ______________________________

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For Official Use: Items Submitted in Packet

____ Plan review fee of $200
____ Permit application with $1,200 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: ______________________________