

KENT COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH
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Administrative Health Officer

BODY ART FACILITY PLAN REVIEW APPLICATION

Date: _____

Facility Description: (check one) New Existing Remodel

Name of Facility: _____

Address of Facility: _____

Phone _____ E-mail for general communication: _____

Name of Operator (owner and address):

Phone _____ E-mail for billing/licensing: _____

Facility information:

Number of Technician Stations _____ Square Feet /Station _____

Total Square Feet of Facility _____

Date Construction will begin: _____ Date of Planned Opening: _____

Day(s) of Operation S M T W TH F SA By appointment: Y N

Hours of Operation _____ to _____

Number of body artists is the facility designed for _____

Number of body artists working in the facility at opening _____

Type of services provided (mark all that apply):

Tattoo Piercing Permanent cosmetics Scarification Branding

<u>For Office Use Only</u>	
Date Paid:	_____
Amt. Paid:	_____
Receipt #:	_____
Initials:	_____

Licensing Approval Process

Step 1:

- 1) Apply for a Michigan Body Art Facility License (visit michigan.gov/bodyart to download an application)
- 2) Submit the on-line fee as instructed by the MDCH

Step 2:

- 1) Submit a Body Art Facility Plan Review Application request through Kent County Health Department (616) 632-6900. Retain a copy of all documents submitted.
- 2) Follow all instructions in the Plan Review Application
- 3) Make a check payable to *Kent County Health Department* for \$250 (this will cover the first three hours of service time, \$65/hour thereafter)
- 4) With your application, submit all documents requested on Plan Review Submission Checklist.

Step 3:

- 1) Once the plans are reviewed and approved, a pre-opening inspection will be scheduled.
- 2) When the facility pre-opening inspection has been completed, approved, and facility has been found in compliance with law, you will be allowed to operate for 90-day interim period (subject to local permits and approvals).
- 3) Once our office approves your facility while you are in operation, an on-line recommendation for licensure will be made to MDCH

Step 4:

- 1) By no later than 30 days prior to the end of your interim period, you will need to apply for a routine (annual) body art facility inspection.
- 2) Make a check payable to *Kent County Health Department* for \$300.
- 3) Operational inspection will be scheduled and conducted within 90 days of pre-opening.
- 4) Failure to complete will result in recommendation of non-renewal of annual license

- **Failure to comply with above listed instructions will require a re-submittal of documents and associated payments.**
- **Fully review the “Requirements for Body Art Facilities” for more detailed information.**
- **Sample documents and more information may be found at:**
www.accesskent.com/Health/BodyArt **or** www.michigan.gov/mdhhs

Kent County Body Art Plan Review Worksheet

Prior to submission of the Plan Review Application, verify you have completed and submitted all required documents by completing the Plan Review Submission Checklist below.

Plan Review Submission Checklist

1. Plan Review:

- _____ Application (page 1)
- _____ Facility Checklist (pages 4-6)
- _____ Facility Floor Plan (page 7)

2. Documentation for facility (All documents must be attached):

- _____ EGLE medical waste producer registration
- _____ Contract with sharps pick-up company
- _____ Client consent form
- _____ After care instructions for all types of aftercare provided
- _____ Exposure control plan
- _____ Employee annual training log

3. Each artist/employee must have the following (Retain on-site for review. Do not submit):

- _____ Photo ID
- _____ Work history form
- _____ Confidentiality agreement
- _____ Hepatitis B vaccination documentation
- _____ Bloodborne pathogen certificate

RETAIN A COPY OF ALL DOCUMENTS SUBMITTED

All documents in sections 2 and 3 will be reviewed during each inspection.

Copies MUST be maintained on site.

Facility Checklist

Provide details in comments box as applicable. Be as specific as possible.

Documents	YES	NO	COMMENTS
Do you have a completed exposure control plan?			
Have all staff read and understand the ECP and completed in shop training? How are you documenting the completion of training?			
Is your facility registered with EGLE as a medical waste producer? What is your registration number?			
Body art procedure area separated from customer waiting – 4ft wall or higher			
Do you have a contract with a company to pick up your sharps and medical waste? How often will they be picking up your sharps?			
Do you have a completed file on each of your employees? (photo ID, confidentiality agreement, work history, BBP certificate, Hep B declination/proof)			
Does your consent form include are required questions and statements?			
Do you have a locked location to store all consent forms? Where is this?			
Do you have aftercare for each procedure you are offering?			
Are all clients being given a copy of the disclosure statement?			

Equipment	YES	NO	COMMENTS
Do you have a completed inventory list? (single use items, gloves, sterile packages, ink, machines, ultrasonic, ect.)			
Does your jewelry meet minimum standards?			
Do you have the mill certificates for verification?			
Is your disinfectant an EPA registered tuberculocidal?			
Does each sterile package have an expiration date?			
If microblading, is your entire wand single use?			

Procedure Area	YES	NO	COMMENTS
Is there a minimum of 45 square feet for each technician?			
Do you have sufficient lighting throughout the facility?			
Are fluorescent lights over procedure area covered?			
Is there a wall or partition (4ft or higher) between the customer service area and procedure area?			
Are all surfaces in the procedure area capable of being properly disinfected? (non-porous, smooth, chairs/beds free of holes or wear marks)			
Is there a minimum of 1 hand sink per 3 artists? (restroom hand sink not applicable)			
Are you able to dedicate this hand sink for the use of artists only?			
Is this hand sink easily accessible? (No doors)			
Does each hand sink have a covered waste receptacle, liquid soap, and paper towel?			
Is the faucet hands free?			

If no, how do you plan on preventing contamination from handles?			
Is there a sharps container conveniently located in each procedure area? Where is the container stored?			
Is there a location for the storage of full sharps containers?			
Is there a location for inks to be stored that prevents their potential contamination during the procedure? (closed cabinet? drawer?)			

Facility	YES	NO	COMMENTS
Will your facility have a clean room?			
Is this room separate from the rest of the facility?			
Does this room have its own sink for cleaning equipment?			
Have you sent in a spore test?			
Do you have a log book for each autoclave cycle?			
Do you have a clean organized area for storing equipment?			
Is there a restroom accessible to clients with own hand sink? Where is this located?			
Who is responsible for cleaning/disinfecting the restroom?			
Do you have a designated area for storing equipment/supplies?			
Are all exterior doors self-closing?			
Do you have a no smoking sign posted?			
Do you have the disclosure sign posted in the customer area?			
Are all floors, walls, and ceilings smooth and easily cleanable?			

Facility Floor Plan

FACILITY FLOOR PLAN & EQUIPMENT LAYOUT Scale $\frac{1}{4}$ " = 1 foot USING a STRAIGHT EDGE

If other scale, specify: _____

