

# 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

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

# **KCHD Body Art Licensing Approval Process**

## **Step 1:**

- 1) Submit a Body Art Facility Plan Review Application to Kent County Health Department: [KCEHMail@kentcountymi.gov](mailto:KCEHMail@kentcountymi.gov).
- 2) Payment information and instructions will be sent via email. The cost for the plan review is \$250 (this will cover the first three hours of service time, \$65/hour thereafter).
- 3) Payment for 90-day inspection is also required with the plan review. The cost is \$300.
- 4) With your application, submit all documents requested on Plan Review Submission Checklist.

## **Step 2:**

- 1) Plan Review specialist will contact you if further information is needed.
- 2) Once the plans are reviewed and approved, a pre-opening inspection will be scheduled.
- 3) Apply for Body Art License through MDHHS, following instructions from plan review specialist.
- 4) Your assigned sanitarian will conduct a 90-day inspection while your facility is in operation.

## **Step 3:**

- 1) You will receive a KCHD Annual Inspection Invoice in October of each year. This will need to be paid prior to the due date to not incur a late fee.
- 2) You will receive an annual Renewal Notice from MDHHS for your license. This will need to be paid prior to December 1 to not incur a late fee.
- 3) Once both of those annual fees have been paid, your assigned sanitarian will conduct an annual, routine inspection. This inspection is required in order to renew your license with MDHHS the following year. Annual routine inspections will generally be scheduled from October through March.
- 4) Failure to submit fees or complete required inspection may result in enforcement, up to and including fines and/or recommendation of non-renewal of annual license.

**Fully review the “Requirements For Body Art Facilities” for more detailed information on the documents below.**

**Sample documents and more information may be found at:**

[Body Art | Kent County, Michigan \(accesskent.com\)](#) or [Body Art Professionals \(michigan.gov\)](#)

# 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?			

<b>Equipment</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
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?			

<b>Procedure Area</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
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?)			

<b>Facility</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
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: \_\_\_\_\_

