BODY ART
STUDIO REVIEW
The following steps are required to obtain approval for a Body Art Facility from the Delaware Public Health District.

**Step 1: Submit Plans**

All artists applying for a body art permit must submit the following:
- Completed Plan Review Application (begins page 4) * This packet and its entirety
- Detailed layout and equipment list (refer to page 5)
- Certificate of first aid training
- Certificate of universal precautions against bloodborne pathogens training
- Written tattoo and piercing aftercare instructions
- Written client consent forms
- Completed written infection prevention and control plan (refer to pages 6-11)
- Written approval from zoning and/or building department
- Proof of training requirements set by DPHD board of health (refer to page 3)
- Solid waste and infectious waste plan (sharps disposal)

*** DPHD will not move onto step 2 until all documents are received.

**Step 2: Plan Review Process**

- DPHD will begin review after a complete submittal has been received, including all documents in step 1.
- If plans require additional information or changes, applicant will be contacted, typically via email.

**Step 3: Plan Approval Process**

- A letter will be sent informing the applicant that review is complete and has been approved
- Applicant will be sent an application with the approval letter. The application will be collected during pre-operation inspection (see below).
- Applicant will need to schedule pre-operation inspection. DPHD requires a minimum 5 days' notice to schedule an inspection.

**Step 4: Pre-Operation Inspection**

- DPHD inspector will conduct an inspection prior to opening.
- Ensure the facility is prepared to be fully functional prior to pre-operation inspection. This preparation includes having all tools and equipment on site and the facility set up per the floor plan submitted with the application.
  - Any changes found during inspection could delay permitting as a reinspection may be necessary.
- Once the pre-operation inspection is completed and the facility approved by DPHD, the application and fees will be collected.
- Approval will be issued, and the facility may open for business.

**NOTE:** Approvals are not transferable. Change to the location of a business will result in needing to begin from step 1.

**NOTE:** Loft style locations are common. If at any time the room is changed within the same loft location and within the same building as original operation inspection, then starting from step 1 is not necessary, however updated layout is required to be sent to DPHD to ensure all requirements are met.
Body art law and rules can be found at: odh.ohio.gov/wps/portal/gov/odh/know-our-programs/body-art-program/laws-and-rules

- Studio must be at least 100 square feet.
- Floor space for performing the activity must be at least 36 square feet.
- Floor directly under the equipment must be impervious, washable and smooth.
- Walls must be impervious, washable and smooth.
- All tables and equipment must be easily cleanable.
- A handsink must be in close proximity to the work space with hot and cold running water, soap and single use towels.
- Solid waste and infectious waste disposal must meet the requirements of the Ohio Environmental Protection Agency. epa.ohio.gov/portals/34/document/guidance/gd_75.pdf
- Restroom facilities must be available to employees and customers.
- The studio must have light equivalent to at least 40 foot candles where the procedure is performed.
- Storage space must be available for extra supplies and chemicals.
- Counter space or a separate room for all sterilization and disinfection equipment must be available.
- A convenient place for all aftercare, consent forms and other paperwork must be available.

- Infectious waste must be handled per Ohio EPA regulations. epa.ohio.gov/portals/34/document/guidance/gd_75.pdf
- Ohio Administrative Code 3701-27-30(A)(5) A monthly generation rate log shall display the month and the weight of all infectious waste generated on the premises that month.
- Ohio Administrative Code 3701-27-30(A)(7) A generator who complies with paragraph (A)(2) of this rule and who generates less than fifty pounds of infectious waste each month...may dispose of infectious waste in the same manner as solid wastes.
Did you have a body art permit in another government licensed & inspected facility?

**YES**

- Copy of permit and submit documentation for 20 tattoo procedures or 10 body piercings performed at government licensed & inspected facility

**NO**

- Did you take a course?
  - **YES**
    - Did you complete at least 24 hours of instruction (refer to page 17) and at least 5 supervised procedures at government licensed and inspected facility?
  - **NO**
    - Submit documentation for 20 tattoo procedures or 10 body piercings performed at government licensed & inspected facility

*Complete box B on page 14

*Refer to page 16 for exact DPHD training resolution

Pursuant to ORC Sec. 3701-9-02 and Delaware Public Health District Board of Health Resolution 2012-23
BODY ART STUDIO PLAN REVIEW APPLICATION

INSTRUCTIONS
*All necessary items (see page 1) must be received by the Health District before plan review can begin.

(please circle): TATTOO ONLY   PIERCING ONLY   TATTOO AND PIERCING

Name of Establishment: _______________________________________________________

Address of Establishment: _____________________________________________________

Phone for Establishment (if available): ___________________________ Email: ________________________

Name of Owner(s)/License Holder: _____________________________________________

Name of Artists: __________________________________________________________________

*If the artist(s) listed on this application leaves this location or additional artists are added, the agency is to be notified
*Studio owners are responsible for ensuring artist(s) receive proper training

Do you plan on hiring more artists in the future? Yes____ No____

Mailing Address: ______________________________________________________________

Telephone: ___________________________________________ Email: ________________________

Water Supply: City___ Other___ (specify) _____________________________________________

Sewage Disposal: Sanitary sewer___ Semi-public___ (if semi-public, is it approved by EPA? Yes____ No____

Do you plan on offering your services to clients under 18? YES____ NO____

Days and hours of proposed operation: ____________________________________________

I understand that I must submit plans/applications to the following authorities (as applicable): Plumbing, Zoning, Electric, Building, Fire. I attest that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: ___________________________________________ Date: ____________________
BODY ART REVIEW APPLICATION

FORMAT SPECIFICATIONS FOR PLANS

- Each piece of equipment (large or small) is to be designated on the floor plan and clearly labeled with its common name. (see example below)
- Clearly designate handwashing facilities for each restroom and in the immediate area of workspace.
- Provide the total square footage of the area to be used for the business, as well as all areas and workspace to be used for business. The studio must be 100 square feet with the workspace of at least 36 square feet.
- The total area to be used for the business;
- Entrances and exits;
- Number, location and types of plumbing fixtures, including all water supply facilities;
- Lighting plan;
- Surface finishes, floors/walls/ceilings (ex. quarry tile, painted drywall, plastic coving)
- Floor plan should include entire business, not just work space

Listing of all equipment to be used - such as pigment, cleaners, needles, chairs, tattoo machines, autoclaves - including the manufacturer and model numbers. *Note: if studio space is within a large facility, entire facility should be shown.

CLEAN SINK

HAND SINK

WORKSPACE TABLE

LIGHT

LIGHT

RESTROOM

WORKSPACE

EXAMPLE ONLY
Requirements for the infection control plan. Follow guidelines or submit completed attachment (pages 7-11)

(8) Written infection prevention and control plan that includes, but is not limited to, the following:

(a) Decontaminating and disinfecting environmental surfaces;

(b) Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments;

(c) Protecting clean instruments and sterile instruments from contamination during storage;

(d) Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures;

(e) Safe handling and disposal of needles;

(f) Aftercare guidelines.
As of September 1, 2015, all facilities are required to have a written Infection Prevention and Control Plan, approved by the Board of Health, prepared in accordance with paragraph (B) (8) of rule 3701-9-02 of the Administrative Code. The plan shall be kept up to date and resubmitted to the Board of Health as necessary.

This written Infection Prevention and Control Plan shall include, but is not limited to, the following:
(a) Decontaminating and disinfecting environmental surfaces;
(b) Decontaminating, packaging, sterilizing and storing reusable equipment and instruments;
(c) Protecting clean instruments and sterile instruments from contamination during storage;
(d) Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures;
(e) Safe handling and disposal of needles;
(f) Aftercare guideline

A. **DECONTAMINATING AND DISINFECTING ENVIRONMENTAL SURFACES**

Describe the procedures and frequency of decontaminating and disinfecting surfaces in your facility:

Workstations/Counter Tops: ________________________________

Chairs/Stools: ____________________________________________

Trays: ___________________________________________________

Armrest/Head Rest: _______________________________________

Tattoo Machine and Clip Cord: _______________________________

Other Procedure Areas/Equipment: ___________________________

*Hospital grade disinfectants must be capable of killing or destroying nearly all disease producing microorganisms.*

What EPA-registered hospital grade disinfectant will be used on surfaces? ____________________________

What is the required wet contact time for this disinfectant to be effective against Hepatitis B and C? ______________ Minutes

List any other chemicals or cleaning agents used in facility: _______________________________________

________________________________________________________
Describe the cleaning procedures and frequency for the following areas:

Customer Waiting Area: ______________________________________________________

Restrooms: __________________________________________________________________

B. DECONTAMINATING, PACKAGING, STERILIZING AND STORING REUSABLE EQUIPMENT AND INSTRUMENTS

*Instruments used in body art procedures must either be single use or appropriately disinfected and sterilized after each procedure. Instruments which cannot be sterilized are to be disinfected after each procedure.*

How will sterile instrument packages be labeled to provide proof of sterilization and expiration?
________________________________________________________________________________
________________________________________________________________________________

What is the procedure for evaluating sterile instrument packages prior to use?
________________________________________________________________________________
________________________________________________________________________________

What remedial action is taken if the integrity of a sterile package has been compromised prior to use?
________________________________________________________________________________
________________________________________________________________________________

Are instrument packages opened in front of customer? ______________________________________

*If facility is using only pre-packaged/pre-sterile equipment, skip to section C.* If facility is sterilizing instruments in house (autoclave), answer the following questions:

List name and manufacturer of autoclave and ultra-sonic cleaner: ______________________________

Is autoclave able to sterilize hollow instruments? □ YES □ NO

Does autoclave have a mechanical drying cycle? □ YES □ NO

Where is autoclave located in facility? ___________________________________________________

What are the procedures and frequency of cleaning decontamination area (room where autoclave is located)?
________________________________________________________________________________

*A biological indicator test must be performed and submitted to a lab on a weekly basis, and all records of tests must be maintained and readily available for at least 2 years.*

What is the name and contact information for the lab conducting the weekly biological indicator test? _____________________________________________________________

What is the protocol for a failed indicator test? ____________________________________________

How will results be logged at facility? ___________________________________________________
Function of autoclave will be monitored by use of (check one of the following):  
☐ Color changing indicator and sterilization integrator  
☐ Color changing indicator and digital print out from sterilizer

Please list the 11 steps the facility will use for cleaning and sterilizing non disposable instruments after each use:
*If the cleaning and sterilizing steps to be used in your studio are not identical to the 11-steps listed in the Ohio Body Art rules you will need to submit a request to the Board of Health for approval of an alternate process.

1. ____________________________________________________________
   ____________________________________________________________

2. ____________________________________________________________
   ____________________________________________________________

3. ____________________________________________________________
   ____________________________________________________________

4. ____________________________________________________________
   ____________________________________________________________

5. ____________________________________________________________
   ____________________________________________________________

6. ____________________________________________________________
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7. ____________________________________________________________
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8. ____________________________________________________________
   ____________________________________________________________

9. ____________________________________________________________
   ____________________________________________________________

10. __________________________________________________________
    __________________________________________________________

11. __________________________________________________________
    __________________________________________________________
C. PROTECTING CLEAN INSTRUMENTS AND STERILE INSTRUMENTS FROM CONTAMINATION DURING STORAGE

How will sterile instruments be stored in facility?
__________________________________________________________________________________
__________________________________________________________________________________

If sterilizing own equipment, how long may equipment be kept before considered expired/need to be re-sterilized?
__________________________________________________________________________________

D. ENSURING THAT STANDARD PRECAUTIONS AND ASEPTIC TECHNIQUES ARE UTILIZED DURING ALL BODY ART PROCEDURES

Describe in detail the step-by-step process of setting up a workstation prior to a procedure:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

List equipment that will be covered during the procedure and what type of protective barrier will be used for each piece of equipment:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

What is the material of disposable gloves the facility will be using during a procedure (Latex, Nitrile, etc.)?
__________________________________________________________________________________

At what times throughout a procedure will gloves be changed?
__________________________________________________________________________________
__________________________________________________________________________________

At what times throughout a procedure will hands be washed?
__________________________________________________________________________________
__________________________________________________________________________________

Which sink will be used for hand washing during a procedure? ____________________________

Describe the steps for preparing and cleaning the skin prior to a procedure, including what solutions will be used:
__________________________________________________________________________________
__________________________________________________________________________________

What product(s) will be used to transfer stencils? _______________________________________

If piercing, how will skin be marked prior to procedure? ________________________________
F. **AFTERCARE GUIDELINES**
Attach aftercare guidelines that will be given to clients.
## Proofs of Board of Health Training Requirements

### Applicant Comprehension

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Initial if Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of certificates of approved Bloodborne Pathogen and First Aid Course</td>
<td></td>
</tr>
<tr>
<td>Knowledgeable of Ohio body art rules OAC 3701-9</td>
<td></td>
</tr>
<tr>
<td>codes.ohio.gov/ohio-administrative-code/chapter-3701-9</td>
<td></td>
</tr>
<tr>
<td>Knowledgeable of Ohio body art law ORC 3730.01 to 3730.11</td>
<td></td>
</tr>
<tr>
<td>codes.ohio.gov/ohio-revised-code/chapter-3730</td>
<td></td>
</tr>
<tr>
<td>Can explain the content of Client Consent Forms and the possible complications from tattoo or piercing to client</td>
<td></td>
</tr>
<tr>
<td>Able to complete the Artist's section of the Client Consent Form</td>
<td></td>
</tr>
<tr>
<td>Understands and explains proper aftercare guidelines to clients</td>
<td></td>
</tr>
<tr>
<td>Proper Waste Disposal of all Materials Used per OAC 3745-27-30 &amp; 3745-27-35</td>
<td></td>
</tr>
<tr>
<td>epa.ohio.gov/portals/34/document/guidance/gd_75.pdf</td>
<td></td>
</tr>
<tr>
<td>Understands and follows the practices outlined in the Infection Prevention and Control Plan. (Refer to pages 6-11)</td>
<td>Supervising mentor artist sign here</td>
</tr>
<tr>
<td>Completed 24-hours of instruction with five supervised procedures at a government licensed and inspected facility</td>
<td>Supervising mentor artist sign here</td>
</tr>
<tr>
<td>* See page 3 flowchart</td>
<td></td>
</tr>
<tr>
<td>Completed 20 documented tattoo procedures and/or 10 piercings performed at a government licensed and inspected facility</td>
<td>Supervising mentor artist sign here</td>
</tr>
<tr>
<td>* See page 3 flowchart</td>
<td></td>
</tr>
</tbody>
</table>

I attest that the information in this document is true, correct and complete. If this information is found untrue, incorrect or incomplete the appropriate training will be considered invalid.

Signature of Applicant: ____________________________________________ Date: __________________

Signature of Mentor/Supervising Artist: ______________________________ Date: ________________
Check which training applies to you:

- ☐ Training course completed by a reputable company at least 24 hours of DPHD-approved instruction (see agenda example page 17) including at least 5 supervised procedures completed by applicant at a government licensed and inspected facility. (If marked complete, proceed to Box A below)

- ☐ Completed at least 20 tattoo procedures or 10 body piercing procedures at a government licensed & inspected facility. (If marked complete, proceed to Box B below)

**Box A**  
5 procedures completed during training

Applicant Name: ____________________________ Date of Birth: ________________

Name of Training Company: ________________________________

Address of Training Company: ________________________________

Name & Location of facility where procedures were completed (if different than above):

________________________________________________________________________

Please provide agenda of training class, including hours of instruction for review.  
(See agenda example page 17) *Additional documentation may be required

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Date of procedure</th>
<th>Was setup &amp; tear down part of procedure?</th>
<th>Type of Procedure (If piercing, list location)</th>
<th>Supervising Artist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>YES___ NO___</td>
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<td>2.</td>
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<td>YES___ NO___</td>
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<td>3.</td>
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<td>YES___ NO___</td>
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<td>4.</td>
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<td>YES___ NO___</td>
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<td>5.</td>
<td></td>
<td>YES___ NO___</td>
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</tbody>
</table>
### Box B

20 tattoo procedures or 10 piercing procedures at a government licensed & inspected facility

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Date of procedure</th>
<th>Was setup &amp; tear down part of procedure?</th>
<th>Type of Procedure (If piercing, list location)</th>
<th>Supervising Artist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>YES____ NO____</td>
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<td>2.</td>
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<td>YES____ NO____</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>7.</td>
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<td>YES____ NO____</td>
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<td>8.</td>
<td></td>
<td>YES____ NO____</td>
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</tbody>
</table>

*Additional documentation may be required*
<table>
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<th>Supervising Artist</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td></td>
<td>YES____     NO____</td>
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<td>10.</td>
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<td>11.</td>
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<td>12.</td>
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<td>14.</td>
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<td>15.</td>
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<td>YES____     NO____</td>
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<td>16.</td>
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<td>YES____     NO____</td>
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<tr>
<td>17.</td>
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<td>YES____     NO____</td>
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<td>18.</td>
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<tr>
<td>19.</td>
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<tr>
<td>20.</td>
<td></td>
<td>YES____     NO____</td>
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</table>
Resolution 2012-23 Body Art Training

A resolution establishing training requirements for Body Art training under Section 3709 of the Ohio Revised Code.

WHEREAS, for the purpose of this resolution, “Body Art” shall be defined as the practice of physical body adornment, including tattooing/microblading, body piercing and/or scarification of the dermis layer (or deeper), of the skin of a human. It does not include ear piercing with an ear piercing gun.

WHEREAS, Section 3730.09 of the Ohio Revised Code requires individuals who perform body art procedures to be adequately trained to perform the procedures properly and safely; and,

WHEREAS, Section 3701-09 of the Ohio Administrative Code requires that the operator maintains procedures ensuring that all persons performing body art services on the business premises have received appropriate training in body art as evidenced by documentation that is acceptable to the Board of Health; and,

WHEREAS, for the purpose of this resolution, “body piercing procedure” and “tattooing procedure” shall be defined the same as in Ohio Administrative Code 3701-09

THEREFORE, BE IT RESOLVED, that the Board of Health authorizes the Environmental Health Director, or designee, to approve body art training based on the following minimum standards and the standards set forth in 3701-09, prior to issuing approval for the body art studio to operate:

1. Proof** of completion of the appropriate training course(s)* by a reputable training company that includes a minimum of 24 hours of instruction and includes at least 5 procedures in the specified area and incorporates standard precautions and minimum trainings as defined in 3701-09 and/or;
2. Proof** of at least 20 tattooing procedures or 10 body piercing procedures at a government licensed and inspected facility.

*The Delaware General Health District retains the right to require additional training and/or reject a course if the course is deemed inadequate. The Delaware General Health District retains the right to require additional experience if the submitted experience is deemed inadequate.

**Proof may consist of official certifications, licenses, inspection reports, time reports, sign in sheets, customer logs or other written documentation acceptable to the Environmental Health Director that confirms the required training or experience.

Superseding all previous editions, Resolution 2012-23 is hereby amended and approved by the Board of Health this 29th day of October 2019.

Walter R. Threlfall, DVM, MS, PhD
President
Board of Health
Delaware General Health District

Sheila L. Hiddleson, RN, MS
Secretary
Board of Health
Delaware General Health District
EXAMPLE BODY ART TRAINING AGENDA

DAY 1
8-8:30- Class introductions  
8:30-9:30- History of microblading  
9:30-11- general overview of tattoo tools & products  
11-12- lunch on your own  
12-1- setting up your workspace  
1-3- disinfection, sterilization & artist safety  
3-5- instructor demo on live model  
Day 1 homework- draft your own infection control and prevention plan & practice strokes (3-4 hours)  
Day 1 total- 6.5 hours plus homework time

DAY 2
8-9- review homework  
9-10- skin prep  
10-11- brow mapping  
11-12- lunch on your own  
12-2- color theory  
3-5- building your business  
Day 2 homework- practice strokes, revise infection control and prevention plan, practice mapping (3-4 hours)  
Day 2 total- 5 hours plus homework time

DAY 3-  
8-9- review homework  
9-1- client consultation, preparation & aftercare  
1-2- lunch on your own  
2- 5- first live model  
Day 3 total- 7 hours

DAY 4  
8-11- second live model  
11-12- lunch on your own  
12-3- third live model  
3-4- graduation  
Day 4 total- 6 hours

DAY 5 – Optional  
8-11- fourth live model  
11-12- lunch  
12-3- fifth live model  
Day 5 total- 6 hours

Total course hours (without homework time)- 30.5

**Any sessions with strike through do not count towards the required 24 hours**