



Delaware Public Health District
Dedicated to your health

BODY ART STUDIO REVIEW



GETTING STARTED

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

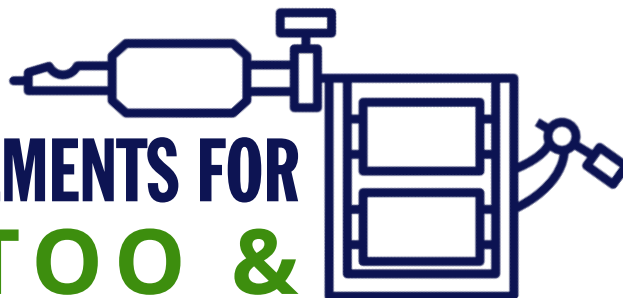
- DPHD inspector will conduct an inspection prior to opening.
- Ensure the facility is prepared to be fully functional prior to pre-operation inspection. This preparation includes having all tools and equipment on site and the facility set up per the floor plan submitted with the application.
 - Any 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.



REQUIREMENTS FOR TATTOO & BODY PIERCING STUDIOS



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

SPACE REQUIREMENTS

- 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.

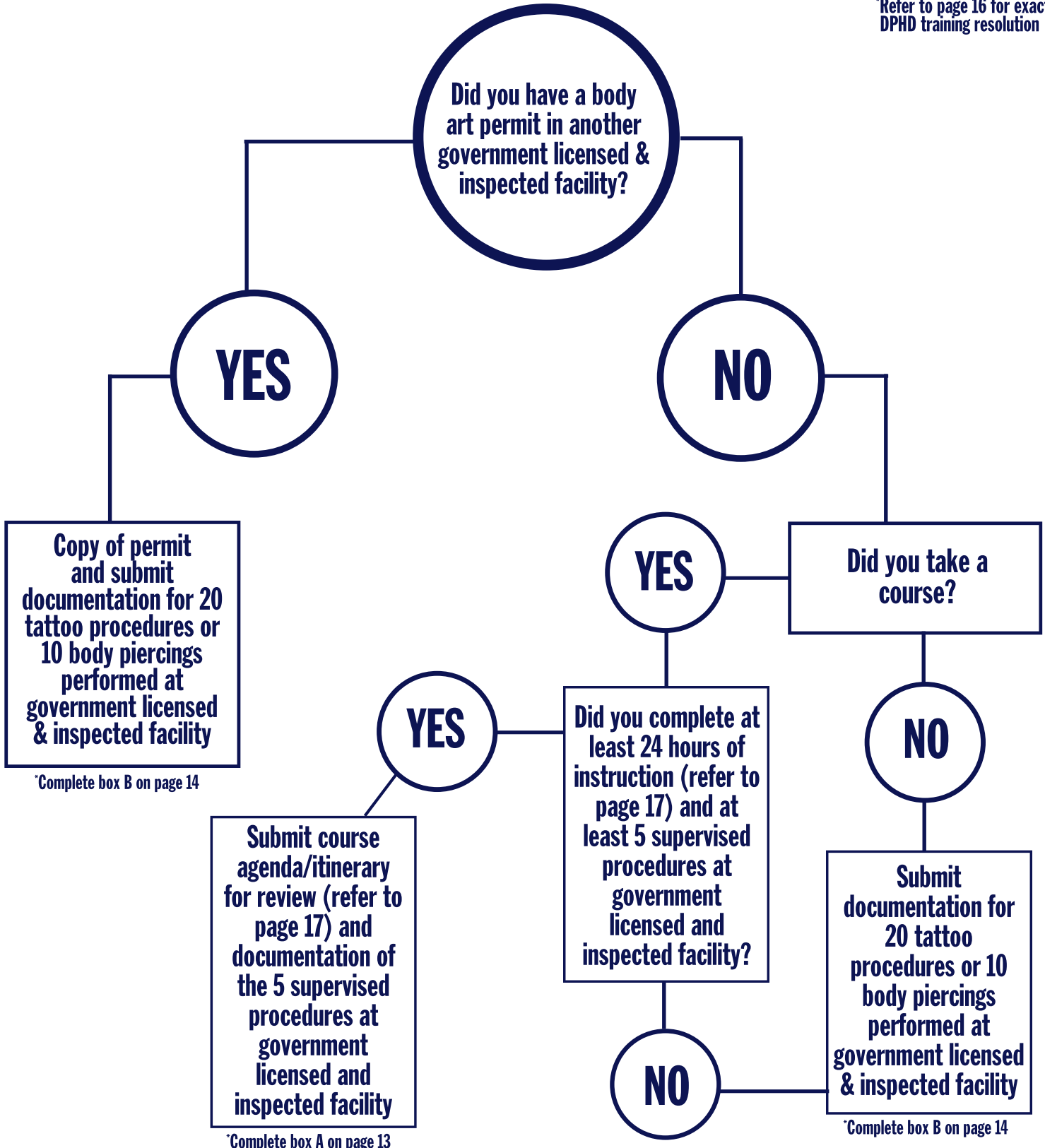
INFECTIOUS WASTE DISPOSAL

- 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) Place sharp infectious waste in a 'sharps' container.
- 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.



DPHD BOARD OF HEALTH TRAINING REQUIREMENTS:

Refer to page 16 for exact DPHD training resolution





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: _____

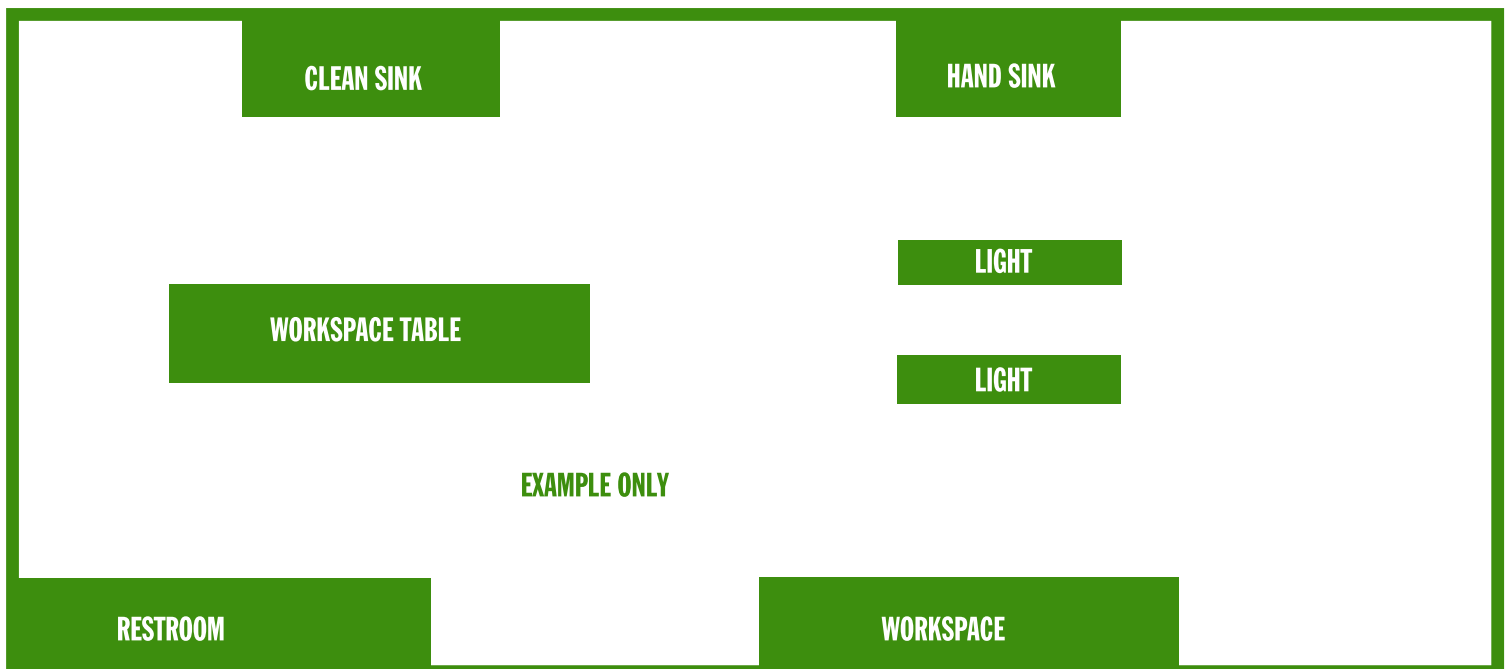


BODY ART REVIEW APPLICATION

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.





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.

INFECTION AND CONTROL PLAN TEMPLATE

FACILITY NAME: _____

ADDRESS: _____

OWNER NAME: _____ PHONE: _____

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 EQUIPEMENT 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? _____

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. _____

7. _____

8. _____

9. _____

10. _____

11. _____

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

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/needing 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? _____

Describe the steps for cleaning and bandaging skin, including products, after a procedure:

Describe, in detail, the step-by-step process of tearing down a workstation after a procedure:

E. SAFE HANDLING AND DISPOSAL OF NEEDLES

How many sharps containers will be in facility? _____

Where will sharps containers be located in facility? _____

What items will be disposed of in sharps containers? _____

How will sharps containers be disposed of?

F. AFTERCARE GUIDELINES

Attach aftercare guidelines that will be given to clients.

PROOF OF BOARD OF HEALTH TRAINING REQUIREMENTS

12

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

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: _____

RECORD OF BOARD OF HEALTH TRAINING REQUIREMENTS

13

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

	Name of client	Date of procedure	Was setup & tear down part of procedure?	Type of Procedure (If piercing, list location)	Supervising Artist
1.			YES____ NO____		
2.			YES____ NO____		
3.			YES____ NO____		
4.			YES____ NO____		
5.			YES____ NO____		

RECORD OF BOARD OF HEALTH TRAINING REQUIREMENTS

Box B

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

Applicant Name: _____ Date of Birth: _____

Name of Government Agency on Permit: _____

Name & Address of Studio: _____

*Additional documentation may be required

Name of client	Date of procedure	Was setup & tear down part of procedure?	Type of Procedure (If piercing, list location)	Supervising Artist
1.		YES___ NO___		
2.		YES___ NO___		
3.		YES___ NO___		
4.		YES___ NO___		
5.		YES___ NO___		
6.		YES___ NO___		
7.		YES___ NO___		
8.		YES___ NO___		

Name of client	Date of procedure	Was setup & tear down part of procedure?	Type of Procedure (If piercing, list location)	Supervising Artist
9.		YES___ NO___		
10.		YES___ NO___		
11.		YES___ NO___		
12.		YES___ NO___		
13.		YES___ NO___		
14.		YES___ NO___		
15.		YES___ NO___		
16.		YES___ NO___		
17.		YES___ NO___		
18.		YES___ NO___		
19.		YES___ NO___		
20.		YES___ NO___		

BOARD OF HEALTH

Tattoo and Body Piercing Training Requirements

Resolution 2012-23: A resolution establishing training requirements for Tattoo and Body Piercing training under Section 3709 of the Ohio Revised Code.

WHEREAS; for the purpose of this resolution, "Body art" means the practice of physical body adornment, including tattooing, permanent cosmetics, and/or body piercing. This definition does not include practices that are considered medical procedures by the state medical board and performed with medical devices, including but not limited to biopsies, dermal punches, and scalpels, and does not include ear piercing with a piercing gun; and

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; persons performing body art services have received appropriate training, as evidenced by and outlined in Section 3701-9-04(M) of the Ohio Administrative Code;

WHEREAS; for the purpose of this resolution, "apprenticeship" shall be defined as: Employment at an approved body art facility, during which the apprentice conducts body art services under the direct supervision, guidance, and training of the owner/operator of the approved facility where the apprenticeship is occurring. Only time spent performing body art services and other tasks directly related to body art services will count towards training as required by this resolution. General duties will not be counted as apprentice hours;

WHEREAS, for the purpose of this resolution, "body piercing" and "tattoo" shall be defined the same as in Ohio Administrative Code 3701-9-01;

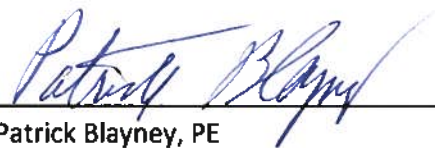
THEREFORE, BE IT RESOLVED, that the Board of Health authorizes the Health Commissioner, Deputy Health Commissioner/Director of Environmental Health, or designee, to approve body art training based on the following minimum standards, and the standards set forth in 3701-09, prior to issuing approval for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

1. Proof¹ of completion of the appropriate training course(s)* by a reputable training company that includes a minimum of twenty-four hours of instruction and includes at least five procedures in the specified area and incorporates standard precautions and minimum training as defined in Ohio Administrative Code 3701-9 and/or;
2. Proof¹ of at least twenty tattooing procedures or ten body piercing procedures at a government-licensed and inspected facility.

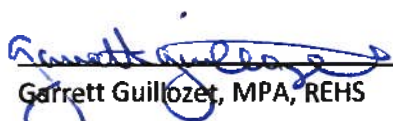
¹Proof may consist of official certifications, licenses, inspection reports, time reports, sign-in sheets, customer logs, or other written documentation acceptable to the Environmental Health Director that confirms the required training or experience.

*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.

Superseding all previous editions, Resolution 2012-23 is hereby amended and approved by the Board of Health this 9th day of December 2025.



Patrick Blayney, PE
President, Board of Health
Delaware General Health District



Garrett Guillozet, MPA, REHS
Health Commissioner and 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