



Public Health
Prevent. Promote. Protect.

Tuscarawas County Health Department

Temporary Body Art Plan Review Application and Guidelines



Instructions:

1. Complete the applicable sections.
2. Sign and date this application.
3. Make a check payable to: Tuscarawas County Health Department
(call 330-343-5550 for current fee)
4. Return check and signed application, and required documentation to:
Tuscarawas County Health Department, 897 East Iron Avenue Dover, Ohio, 44622

Please note: Temporary licenses cannot be transferred nor refunded, even if the event is cancelled.
***Application and payment must be submitted at least 10 days prior to the event.**

Section 1:

Type of Operation: (check all that apply)

_____ Tattoo _____ Microblading _____ Body Piercing

Event Information

Name of Event: _____

Address of Event: _____

Temporary Body Art Facility Information

Name of temporary body art facility: _____

Start Date: _____ End Date: _____ Operation time(s): _____

Applicant Information

Name of license holder: _____

Address: _____

Mailing Address (if different): _____

Telephone: _____ Email address: _____

I hereby certify that I am the license holder, or the authorized representative, of the temporary body art service operation or temporary retail food establishment indicated above:

Applicant Signature: _____ **Date:** _____

Please complete, sign, and return all pages of this application.

Section 2 (if you currently hold a license to conduct body art in Tuscarawas County, skip section 2) :

List any previous, current, or similar approvals held by the operator for tattoo and/or body piercing services (attach a copy of your current license if applicable):

List all persons performing tattooing or body piercing services on the premises, including apprentices:

Name	DBHMC Reg. # (if applicable)

Section 3:

Plans and Specifications:

Total Area to be used for the business: _____

Inside _____ Outside _____

Plans for disposal of waste: _____

Plans for handwashing: _____

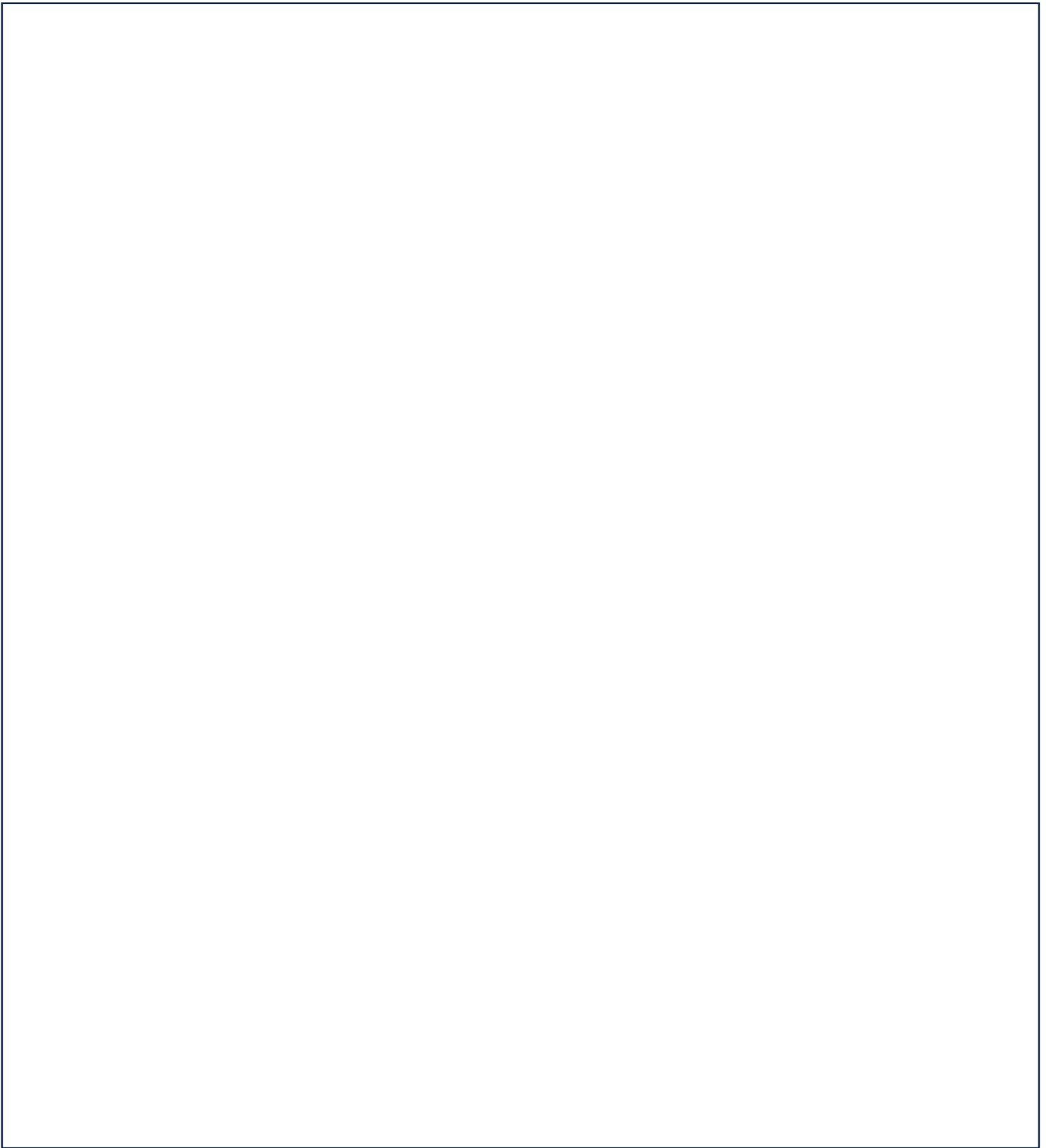
Listing of all equipment to be used:

Section 4:

Facility Layout Drawing:

Please draw the proposed layout for your temporary body art facility on the next page.

This drawing should be a “bird’s eye view” of the layout, as though you were looking down onto the area from above. Identify and describe all equipment, PPE, handwashing facilities, worktables, garbage containers, and customer service areas.



Section 5:

TEMPORARY BODY ART OPERATION CHECKLIST

Ohio Revised Code Section 3730.02: “No person shall operate a business that offers tattooing or body piercing services unless a board of health has approved the business under section 3730.03 of the Revised Code.”

Ohio Administrative Code Section 3701-09-02: “The board of health in the jurisdiction in which a body art business shall operate may approve such business for the purposes of operating on a time-limited basis, in conjunction with a specific event. Time-limited body art establishments may be permitted at such events as fairs, and other time-limited gatherings of people, if the board of health determines that the operator can substantially meet provisions contained in these rules.”

Tuscarawas County Health Department requires the following list of items to be submitted with a signed application to operate a tattoo and/or body piercing establishment.

You must return this signed checklist with your signed application and your letter of intent to conduct a temporary operation before a license will be issued. Please make a copy if you need one.

Highlighted areas are not required to be submitted if applicant currently holds a license to conduct body art in Tuscarawas County Health Department’s jurisdiction.

- A floor plan drawing (to scale) showing the total area of the business, the area used for tattooing/piercing services, location of entrances and exits, hand washing sinks, restroom facilities, storage areas, sterilization areas and lighting plans
- A description of the materials used for the flooring, walls, countertops, and storage areas
- A list of all equipment to be used for tattooing and body piercing
- Written infection prevention and control plan that includes:
 - Decontamination and disinfecting environmental surfaces
 - Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments
 - Protecting clean instruments and sterile instruments from contamination during storage
 - Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures
 - Safe handling and disposal of needles
 - Aftercare guidelines
- For tattooing and microblading services, provide clients a written consent form that includes the color, manufacturer, and lot number of each pigment used for each tattoo performed.
- Sterilization log that includes date, time, name of operator

Provide proof that all persons performing tattooing or body piercing have received training in the following:

First Aid

Safety and sanitation requirements for the prevention of disease transmission

Universal precautions for bloodborne pathogens

Appropriate tattoo and piercing aftercare

Minor consent forms to be used (if applicable)

Record Retention Policy

The Tuscarawas County Health Department will review the application and information submitted. After the application and information are reviewed, any deficiencies will be noted and the applicant will be notified to make any necessary corrections.

Upon approval of the submitted information, a representative from the Tuscarawas County Health Department will issue a temporary operation license. On the day of the event, a Tuscarawas County Health Department Sanitarian will perform an inspection of the temporary establishment. If the establishment is found to be in compliance with OAC 3701-9, a temporary license will be provided.

Failure to meet any of the above outlined requirements will result in disapproval of the application. If you have any questions, please contact the Bureau of Environmental Health at (330) 343-5550.

I/We, operators of the aforementioned business, do attest to my/our intentions to comply with all of the requirements established by Sections 3730.01 to 3730.11 of the Ohio Revised Code and the rules of Chapter 3701-09 of the Administrative Code. I/We understand that any changes to the above information will require the submission of an amended application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

For Office Use Only

Date of Payment: _____ Fee Paid: _____ Receipt #: _____

Assigned to: _____ on _____

Approved by: _____ Approval Date: _____

Valid date(s): _____ Date Processed: _____

Audit Number: _____ License Number: _____