

## BODY ART FACILITY APPLICATION PLAN REVIEW CHECKLIST AND GUIDELINES

This plan check list is provided to guide the body art facility owner/operator to open a facility that meets public health and safety requirements established in California's Health and Safety (H&S) Code, Safe Body Art Law. **PART A** lists the required documents to be submitted for new construction or remodeling of a body art facility. **PART B** includes a checklist of items needed before the final inspection of a facility before the Body Art Facility Permit is issued by the Local Enforcement Agency (LEA).

### PART A: CHECKLIST OF REQUIRED DOCUMENTS AS PART OF THE PLAN REVIEW APPLICATION PACKAGE

- ☐ **Submit completed Body Art Facility Application Form and pay applicable fee**
- ☐ **Submit two (2) sets of Site Plan (scaled to ¼" per foot):** Plan should include a detailed overhead layout of the entire facility identifying the procedure area, workstations, waiting area, decontamination/sterilization room, handwash sinks, janitorial sink, and restrooms (refer to Example Site Plan). Plans should identify all floor, wall, ceiling, counter, and cabinet finishes, and should be smooth, nonabsorbent, and easily cleanable. Plans should provide an equipment list schedule and any applicable cut sheets for equipment (autoclaves, sanitizers, tattooing/piercing equipment, work chairs/tables, etc.).

Also submit the following: ☐ Room Finish Schedule ☐ Equipment Schedule

☐ Manufacturer's Specs. for Sterilization Unit (for facilities with on-site treatment)

**Permanent Cosmetic and Body Piercing** - Facilities should show location and full wall separation from hair/nail and other body art activities. These rooms should have a separate sink used only for these activities.

**For mixed use residential zoning** - Plans shall show separation (no direct access entry to the residential unit) and have a separate toilet facility.

**For mobile body art facilities** - Plans shall be submitted to the local planning department for review for use, building, plumbing, and electrical permits prior to LEA approval.

- ☐ **Provide a copy of completed Body Art Facility Infection Prevention and Control Plan (IPCP)**

### PART II. CHECKLIST OF REQUIRED ITEMS AT THE BODY ART FACILITY FINAL INSPECTION

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>All forms and documents:</b> Client Consent, Medical History, Aftercare Instructions, Procedure Log (for disposable instruments), Sterilization Log (for reusable instruments), List of Body Art Practitioners, Body Art Facility Infection Prevention and Control Plan for the Facility, etc.</li> <li><input type="checkbox"/> <b>Operational hand wash sinks with wrist levers and HOT AND COLD water:</b> (Sinks should be located in the procedure area, decontamination area, and individually in Body Piercing or Permanent Make Up rooms).</li> <li><input type="checkbox"/> <b>Mounted soap and paper towel dispensers at procedure, decontamination and restroom sinks</b></li> <li><input type="checkbox"/> <b>Single use supplies and storage area:</b> Tattoo equipment, needles, ink caps, gloves, aprons, paper towels, dental bibs, plastic wrap, barrier film, cord covers, machine bags, jewelry, peel packs, class V integrators, marking pens, razors, etc.</li> <li><input type="checkbox"/> <b>Adequate lighting at procedure area workstations</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Sharps disposal containers:</b> Properly labeled, portable, mounted off floor on wall, rigid, durable, and spill proof, in each workstation and decontamination area. Provide documentation of an approved sharps disposal service or mail back program.</li> <li><input type="checkbox"/> <b>Cleaning and Disinfection supplies present and readily available</b></li> <li><input type="checkbox"/> <b>Provide adequate lined trash cans with step covers in the procedure and decontamination areas</b></li> <li><input type="checkbox"/> <b>Record Keeping:</b> (electronic or paper, security of required client and facility records, practitioner permits in each workstation)</li> <li><input type="checkbox"/> <b>Sterilization Equipment:</b> Provide a negative spore test and a passing class V Integrator showing the autoclave is properly functional. <b>Provide a copy of the spore test laboratory service agreement for the monthly autoclave operational test</b> (For establishments that utilize reusable instruments).</li> </ul> |
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## I. FLOOR PLAN

- \_\_\_\_\_ A. Schematic or drawing of the shop, showing the location of the procedure area, storage area, workstations, handwashing sinks, bathroom and the clean room (along with the placement of the ultrasonic machine and autoclave. Schematic must identify materials used on the floors, cabinets, counters, etc. Legend showing what symbols represent on the plans. [H&S 119312(h)]
- \_\_\_\_\_ B. Separate from other businesses/non-body art activities. [H&S 119314 (a)(4) & (b)(2) & (3)]

## II. FACILITY CONSTRUCTION

- \_\_\_\_\_ A. Materials must be listed (sealed wood, drywall, laminate, linoleum, tile, etc.) and all surfaces smooth and washable. Legend must be provided for all items below: 113914 (a)(1) & (2)

	ROOM/AREA	FLOOR	COUNTERS/CABINETS	WALLS	REMARKS
A	PROCEDURE AREA				
B	PIERCING ROOM				
B	CLEAN ROOM				
C	RESTROOM				
D	WAITING ROOM				
E	BREAK ROOM (No food, drink or tobacco allowed in procedure or decontamination room)				
F	JANITORIAL				
G	SUPPLY STORAGE ROOM				

- \_\_\_\_\_ B. Constructed and maintained to be free from insect or rodent infestation. [H&S 119314 (a)(3)]
- \_\_\_\_\_ C. The procedure areas/piercing rooms must be separated by a wall or ceiling-to-floor partition from nail and hair activities. Body art can be performed in these designated areas only. [H&S 11314 (b)(2)]
- \_\_\_\_\_ D. Procedure area/piercing room equipped with an accessible sink supplied with hot and cold water. The sink shall be supplied with containerized liquid soap and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser. [H&S 119314 (b)(2)]
- \_\_\_\_\_ E. Have adequate toilet facilities, in accordance with the specifications of the State Building Standards Code, local building standard codes, and any other local ordinance. The sink shall be supplied with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser. [H&S 119314 (a)(5)]
- \_\_\_\_\_ F. All sinks permanently plumbed. [H&S 119314 (a)(5)]
- \_\_\_\_\_ G. Procedure area/piercing room equipped with adequate lighting. [H&S 119314 (b)(1)]
- \_\_\_\_\_ H. Sealable, rigid and puncture proof "Sharps Container" provided at each work station, labeled with the words "Sharps Waste" or international biohazard symbol and word "BIOHAZARD." [H&S 119314(e)(2)]

- \_\_\_\_\_ I. Adequate, designated storage area for pre-sterilized equipment, supplies, chemicals, and personal items. [H&S 119309(i) & 119315(c)]
- \_\_\_\_\_ J. Exterior waste containers (dumpsters).
- \_\_\_\_\_ K. Decontamination and sterilization area (if applicable):
1. Decontamination and sterilization area separate from procedure area by at least 5 feet or by a cleanable barrier. [H&S 119314(c)(1)]
  2. Decontamination room equipped with an accessible sink supplied with hot and cold water. The sink shall be supplied with containerized liquid soap and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser. [H&S 119314(c)(2)]
  3. Equipped with an approved steam autoclave. (Chemical and dry heat sterilizers are not accepted) [H&S 119315(b)(1)]

### **III. BODY ART EQUIPMENT PLAN AND RECORDKEEPING**

- \_\_\_\_\_ A. Autoclave: Provide manufacture's specification (cut sheet if possible).
1. Autoclave must have mechanical indicators for time, temperature and pressure.
  2. Records must be kept for 3 years and include: 119315 (a)(b)
    - Results Class V integrator with each autoclave load, recorded.
    - Date of the load.
    - List of the contents of the load. Revised September 2018
    - The exposure time and temperature.
    - Initials of the person operating the sterilizing equipment.
    - For cycles where the results of the biological indicator (spore test) are positive, how the items are cleaned, and proof of a negative test before reuse.
  3. Approved sterilization packs for reusable instruments and new jewelry. [H&S 119315(a)]
- \_\_\_\_\_ B. Spore test (biological indicator): Provide copy of service agreement with spore testing laboratory, required at installation, monthly, or after service. [H&S 119315(b)(4)]
- \_\_\_\_\_ C. Provide sharps disposal contract. Sharps shall be disposed of by an approved sharps disposal company, or removal and transportation through a mail-back system approved by California Department of Public Health. [H&S 119314(e)(3)(A)]
- \_\_\_\_\_ D. Provide list of all disinfecting chemicals. [H&S 119301(k)]
- \_\_\_\_\_ E. Location of all garbage containers in the procedure, restroom, and decontamination areas. Waste containers must be lined. [H&S 119314(d)]
- \_\_\_\_\_ F. Storage location of consent, medical questionnaire. [H&S 119303]
- \_\_\_\_\_ G. Storage location for autoclave logs and biological indicator monitoring tests, purchase invoices, records of training, Infection Prevention and Control Plan proper disposal of sharps waste, proof of sterilization on letterhead, and procedure, practitioner, client and date of the procedure. [H&S 119307(e), 119312(d), 119313(e), 119314(e)(4), 119315(b)(4), (f)(1) and (2)]
- \_\_\_\_\_ H. Service trays, chairs, and other equipment (arm rests, beds, etc.) are smooth and easily cleanable. (No linens allowed.) [H&S 119314(b)(6)]
- \_\_\_\_\_ I. Clean instrument and sterilization packs – storage in clean, dry, labeled containers or cabinet protected from dust and moisture. [H&S 119315(c)]

### **IV INFECTION PREVENTION AND CONTROL PLAN (IPCP)**

- \_\_\_\_\_ A. Submit an Infection Prevention and Control Plan. [H&S 119313]

**ROOM/AREA FINISH SCHEDULE  
(MATERIALS AND FINISHES)**

<b>ROOM OR AREA</b> <i>Example: Restroom</i>	<b>FLOOR</b> <i>Smooth Quarry Tile</i>	<b>WALLS</b> <i>Gypsum Board; Smooth; semi-gloss paint Light Yellow</i>
Restroom		
Procedure Area		
Decontamination and Sterilization Room		
Body Piercing Room		
Drawing/Stencil Area		
Reception and Waiting Area		

**EQUIPMENT INFORMATION – PART 1**

<b>ROOM OR AREA</b>	<b>LOCATION</b>	<b>MANUFACTURER</b>	<b>MODEL NUMBER</b>
Autoclave			
Ultrasonic Machine			
Permanent Cosmetic Machine			
Water Heater Capacity:     gal.			

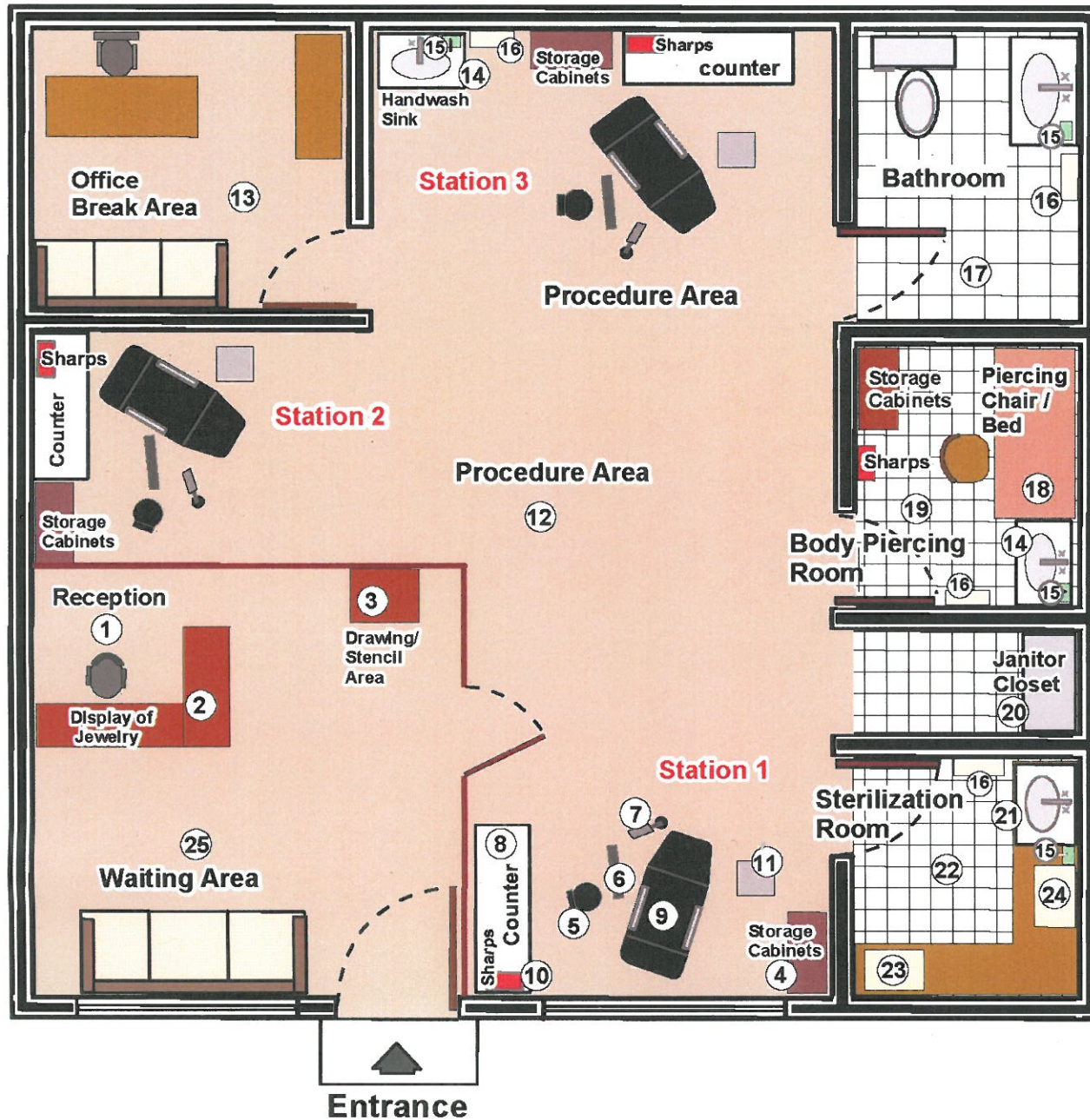
Note: Please provide manufacturer specification sheets for all equipment.

**EQUIPMENT INFORMATION – PART 2**

<b>ROOM OR AREA</b>	<b>DESCRIPTION OF MATERIAL</b>
Practitioner Chair	
Client Chair	
Piercing Table	
Stool	
Arm Rest	
Mayo Trays	
Counters	
Storage Cabinets	
Disposable Instruments	



# Example Site Plan



1	Reception Desk
2	Display Case
3	Drawing / Stencil Area
4	Storage Cabinets *
5	Chair
6	Amrest
7	Lamp
8	Counter *
9	Procedure Area Bed / Chair
10	Sharps Containers
11	Work Station Tray
12	Procedure Area *
13	Office / Break Room
14	Handwash Sink *
15	Liquid Soap *
16	Single - Use Paper Towel Dispnsr *
17	Bathroom *
18	Piercing Chair / Bed
19	Body Piercing Room *
20	Janitor Closet
21	Bio Sink *
22	Sterilization Room *
23	Autoclave *
24	Ultrasonic Machine
25	Waiting Room *

\* Items containing this asterik are required to be shown on the scaled plans.