sonoma county
DEPARTMENT OF HEALTH SERVICES
Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ EH@sonoma-county.org
https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/

BODY ART FACILITY PLAN REVIEW APPLICATION

**SUBMITTING A BODY ART FACILITY PLAN REVIEW APPLICATION IS NOT A PERMIT TO OPERATE.
A BODY ART FACILITY THAT OPERATES WITHOUT A VALID BODY ART FACILITY PERMIT MAY BE SUBJECT TO CLOSURE AND PENALTY OF UP TO 3 TIMES THE COST OF THE PERMIT**

Name of Business _____ Phone _____

Business Address _____

City _____ State _____ Zip _____

Facility Owner Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Contact for Plans _____ Title _____

Email _____ Phone _____

Type of body art facility/list services performed (e.g. piercing, tattooing, permanent cosmetics, microblading, or branding)

_____

What is the facility square footage? _____ Number of stations or procedure areas _____

Please note:

- **Two sets of plans must be submitted to Sonoma County Environmental Health in black and white (no color).**
- Business name, address and contact number must be on plans.
- Plans must be legible and large enough to contain legends and comments for all items contained in this document.
- (**Minimum** paper size of 11" x 17". Larger facilities may need to use 18" x 24" paper).
- Complete attached plan review checklist and submit all required items.
- A permit may be required by building department if structural changes, plumbing, mechanical, or electrical work is performed. Please contact the appropriate office for assistance.
- Contact local City/County zoning authority for other restrictions or conditions that may apply.
- Submit applicable plan check fees with the plan check application.

Applicant Signature _____ Date _____

Print Name _____ Title _____

For office use only:

PE # _____ SR # _____ Plans Approved/Reviewed _____ Approved By _____

☐Cash ☐Check/Credit Card Trans# _____ Date rec'd _____ by _____ Amount rec'd $ _____

Comments _____

PLAN REVIEW CHECKLIST

This plan review checklist is provided as a guidance document to assist the facility owner/operator to open a Body Art Facility that will meet public health and safety requirements established by California's Safe Body Art Act. The applicant must complete all parts prior to providing services to the public. ALL CONSTRUCTION MUST BE COMPLETED IN ACCORDANCE WITH APPROVED PLANS. All CHANGES MUST BE APPROVED AND APPLICABLE PERMITS OBTAINED.

I. Floor Plan

_____A. Schematic or drawing of the shop, showing the location and square footage of the procedure area, storage area, workstations, handwashing sinks, bathroom and the clean room (along with the placement of the ultrasonic machine and autoclave, if present). Schematic must identify materials used on the floors, cabinets, counters, etc. Legend showing what symbols represent on the plans. *119312(h)*

_____B. Separate from other businesses/non-body at activities. *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. *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. *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. *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. *119314 (a)(5)*

_____ F. All sinks permanently plumbed. 119314 (a)(5)

_____ G. Procedure area/piercing room equipped with adequate lighting. 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." 119314(e)(2)

_____ I. Adequate, designated storage area for pre-sterilized equipment, supplies, chemicals, and personal items.119309(i) & 119315(c)

_____ J. Exterior waste containers (dumpsters)

_____ K. Decontamination and sterilization area (if applicable):

- Decontamination and sterilization area separate from procedure area by at least 5 feet or by a cleanable barrier. *119314(c)(1)*
- 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. *119314(c)(2)*
- Equipped with an approved steam autoclave. (Chemical and dry heat sterilizers are not accepted)*119315(b)(1)*

III. <u>Body Art Equipment Plan and Recordkeeping</u>

_____ 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.
   - 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.*119315(a)*

_____ B. Spore test (biological indicator): Provide copy of service agreement with spore testing laboratory, required at installation, monthly, or after service. 119315(b)(4)

_____ C. Recordkeeping for pre-sterilized, single-use instruments (maintain minimum 90 days):

1. A record of purchase and use of all single-use instruments.
2. A log of all procedures, including the names of the practitioner and client and the date of the procedure.
3. Written proof on company or laboratory letterhead showing that the pre-sterilized instruments have undergone a sterilization process. Written proof shall clearly identify the instruments sterilized by name or item number and shall identify the lot or batch number of the sterilizer run. *119314(e)(3)(A)*

_____ D. Provide list of all disinfecting chemicals. 119301(k)

_____ E. Location of all garbage containers in the procedure, restroom, and decontamination areas. Waste containers must be lined. 119314(d)

_____ F. Storage location of consent form and medical questionnaire. 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 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.) 119314(b)(6)

_____ I. Clean instrument and sterilization packs – storage in clean, dry, labeled containers or cabinet protected from dust and moisture. 119315(c)

_____ J. 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. 119314(e)(3)(A)

IV. Infection Prevention and Control Plan (IPCP)

_____ A. Submit an Infection Prevention and Control Plan. 119313

V. Consent Form and Medical Questionnaire

_____ A. Submit the Consent Form(s) that will be provided to clients to read, complete and sign prior to the body art procedure, which include(s) the following information:

1. A description of the procedure
2. A description of what the client should expect following the procedure, including suggested care and any medical complications that may occur as a result of the procedure.
3. A statement regarding the permanent nature of body art.
4. Notice that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and that the health consequences of using these products are unknown.
5. Post procedure instructions that include all of the following:
    - Information on the care of the procedure site.
    - Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.
    - Signs and symptoms of infection, including, but not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.
    - Signs and symptoms that indicate the need to seek medical care.

_____ B. Submit the Medical Questionnaire that will be provided to clients to read, complete and sign prior to the body art procedure, which includes the following information:

1. Whether the client may be pregnant
2. Whether the client has a history of herpes infection at the proposed procedure site, diabetes, allergic reactions to latex or antibiotics, hemophilia or other bleeding disorder, or cardiac valve disease.
3. Whether the client has a history of medication use or is currently using medication, including being prescribed antibiotics prior to dental or surgical procedures.
4. Other risk factors for bloodborne pathogen exposure.