



BODY ART FACILITY PLAN REVIEW OVERVIEW

The City of Pasadena Public Health Department, Environmental Health Division shall issue a health permit for a body art facility after an investigation has determined that the proposed body art facility and its method of operation meets the specifications of the approved plans or conforms to the requirements of the California Health and Safety Code, Division 104 Part 15 Chapter 7 Article 4.

Please contact the Permit Center at (626) 744-4200 regarding additional permits that may be required.

Who should submit plans?

Plans and specifications are required to be submitted to our department by any person that:

- Is constructing or remodeling any building for use as a body art facility;
- Plans to open a body art facility in an existing building;
- Plans to lease out a portion of a facility for the performance of body art;
- Plans to change the operation of a body art facility, i.e. changing the operation from disposable equipment to the usage of an autoclave.

What should I submit as part of the plan review process?

1. Complete the **Application for Plan Review** form and submit with payment in the amount of \$510.00.
2. Plans must be drawn in a concise, detailed and professional manner. The plans must indicate the layout of procedure areas, cleaning and sterilization area, sink counters, storage areas, equipment, toilet facilities and reception areas.
 - An equipment list that identifies all equipment that will be utilized at the facility.
 - A room finish schedule form shall be submitted if any modifications are to be done on the facility.
3. An Infection Prevention Control Plan that discusses the decontamination procedures for the facility and its operations. The Infection Prevention and Control shall include all of the following:
 - Procedures for decontaminating and disinfecting environmental surfaces.
 - Procedures for decontaminating, packaging, sterilizing, and storing reusable instruments.
 - Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage.
 - A set-up and tear-down procedure for any form of body art performed at the body art facility.
 - Techniques to prevent the contamination of instruments or the procedure site during the performance of body art.
 - Procedures for safe handling and disposal of sharps waste.
4. Copies of the consent and aftercare instruction forms.
5. A practitioner list that lists all body artists that will perform body art at the facility.

The application package for plan review must be complete and correct. Incomplete application packages will be rejected and may delay the plan review process.

ROOM FINISH SCHEDULE

INSTRUCTIONS: Check all criteria that apply to each Room/Area. If the Room/Area does not meet minimum standards, the operator will be required to make modifications to meet the requirements. A permit will not be issued until all modifications have been made and a final inspection has been conducted.

ROOM/AREA	MINIMUM CRITERIA	MEETS CRITERIA	SCHEDULE DATE If no, then a schedule date for the installation is required. N/A if yes.
Procedure Areas	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Restroom	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Body Piercing Room	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Drawing/Stencil Area	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Reception/Waiting Area	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	
Sterilization Room	<input type="checkbox"/> Smooth <input type="checkbox"/> Non-absorbent <input type="checkbox"/> Free of open Holes <input type="checkbox"/> Washable	YES/NO	

EQUIPMENT LIST

INSTRUCTIONS: Check all criteria that apply for each type of equipment. If the listed equipment does not meet minimum standards, the operator will be required to obtain new equipment to meet the requirements. A permit will not be issued until all equipment meets the minimum criteria and a final inspection has been conducted with all equipment to operate is present at the facility.

EQUIPMENT	MINIMUM CRITERIA	DESCRIPTION
Sinks	<input type="checkbox"/> Supply hot and cold water <input type="checkbox"/> Water Heater Tank Capacity _____ Gal. <input type="checkbox"/> Check if Tank-less <input type="checkbox"/> Smooth, durable, and non-absorbent material <input type="checkbox"/> Unobstructed and accessible to all practitioners <input type="checkbox"/> Shall be permanently plumbed and meet local building and plumbing codes.	
Towel Dispensers	<input type="checkbox"/> Single use disposables <input type="checkbox"/> Wall Mounted	
Sharps Container	<input type="checkbox"/> Approved Sharps Container <input type="checkbox"/> Approved Hauler/Mail back system <input type="checkbox"/> Available for all procedure areas <input type="checkbox"/> Portable	
Inks	<input type="checkbox"/> Commercially Manufactured	
Gloves	<input type="checkbox"/> Single Use disposables	
Razor	<input type="checkbox"/> Single Use disposables	
Practitioner/Client Chair	<input type="checkbox"/> Smooth, durable, and non-absorbent material	
Client Record Keeping Cabinet	<input type="checkbox"/> Cabinet can be secured from unauthorized access	
Disposable Needles, Needle Bars, and Grommets	<input type="checkbox"/> Single Use disposables <input type="checkbox"/> Manufactured with lot numbers	
Counters, Table Tops, and Trays	<input type="checkbox"/> Smooth, durable, and non-absorbent material.	
Storage Cabinets for Equipment	<input type="checkbox"/> Prevents the contamination of the equipment (includes inks, tattoo machine, wrapping from dust and other sources.	

EQUIPMENT	MINIMUM CRITERIA	DESCRIPTION
Containerized Liquid Soap	<input type="checkbox"/> Readily accessible to the practitioner	
Products used for the application of body art ex. Stencils and Transfer Agents	<input type="checkbox"/> Single use disposables	
Plastic Sheathing	<input type="checkbox"/> Single use disposables	
Sterilization Equipment <input type="checkbox"/> Check if N/A	<input type="checkbox"/> Only equipment manufactured for the sterilization of medical instruments shall be used <input type="checkbox"/> Separated from procedure area by at least five feet or by a cleanable barrier	
Waste Receptacle	<input type="checkbox"/> Must be able to be lined with a bag	

STERILIZED, PREPACKAGED DISPOSABLE FACILITIES ONLY
<input type="checkbox"/> Check only if sterilized, prepackaged disposable needles and tubes will be used at the facility. If the operator decides to utilize an autoclave, they will be required to notify Environmental Health and a re-inspection will be conducted to ensure that the autoclave and sterilization procedures meet minimum standards (Health and Safety Code Section 119315). The signing of this section certifies that the operator agrees to these terms and conditions.
Body Art Facility Owner Signature: _____ Date: _____

BODY ART FACILITY EQUIPMENT CERTIFICATION		
Body Art Facility Owner Name:		
Facility Address:		
City:	State:	Zip:
Phone:	Email/Fax:	
I hereby certify, to the best of my knowledge, that the information given on the equipment list form is true and correct for the aforementioned facility and any new equipment will meet the minimum criteria for the purpose of conducting body art at this facility.		
Body Art Facility Owner Signature: _____		Date: _____

BODY ART FACILITY PRACTITIONER LIST

(Please print clearly, using BLUE or BLACK ink only)

Business Name: _____ **Date:** _____

INSTRUCTIONS: List all practitioners and the service they provide. Include the owner or operator if they provide direct services to clients in addition to operating the facility.

This list must be completed and faxed to the Environmental Health Division when there are new practitioners that will be staffed at the body art facility listed above. Fax this list to (626) 744-6116. Each practitioner is responsible for registering with the City of Pasadena.

FULL LEGAL NAME	DISCIPLINE	EMPLOYMENT STATUS
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
	<input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING	<input type="checkbox"/> OWNER/PRACTITIONER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> EMPLOYEE
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