



BODY ART PLAN REVIEW APPLICATION

Establishment Information:

New Remodel Change of Ownership

Tattoo Only Body Piercing Ear Lobe Piercing

Tattoo and Piercing Cosmetic Tattooing Mobile

Temporary (Not more than 14 days at one location)

Service	Fee	
Base Review	\$285	\$285
Add'l Endorsement(s)	\$60	
Resubmittal Fee	\$100	
Water Review	\$145	
Wastewater Review	\$60	
Subtotal		
Modified/COO Credit	-\$140	
Total	--	

Date of Application: _____

Name of Establishment: _____

Establishment Address: _____

Establishment Mailing Address: _____

Establishment Phone: _____ Email: _____

Contact Name: _____ Title: _____

Contact Mailing Address: _____

Contact Phone: _____ Email: _____

Below for MCCHD Use ONLY: Intake Review

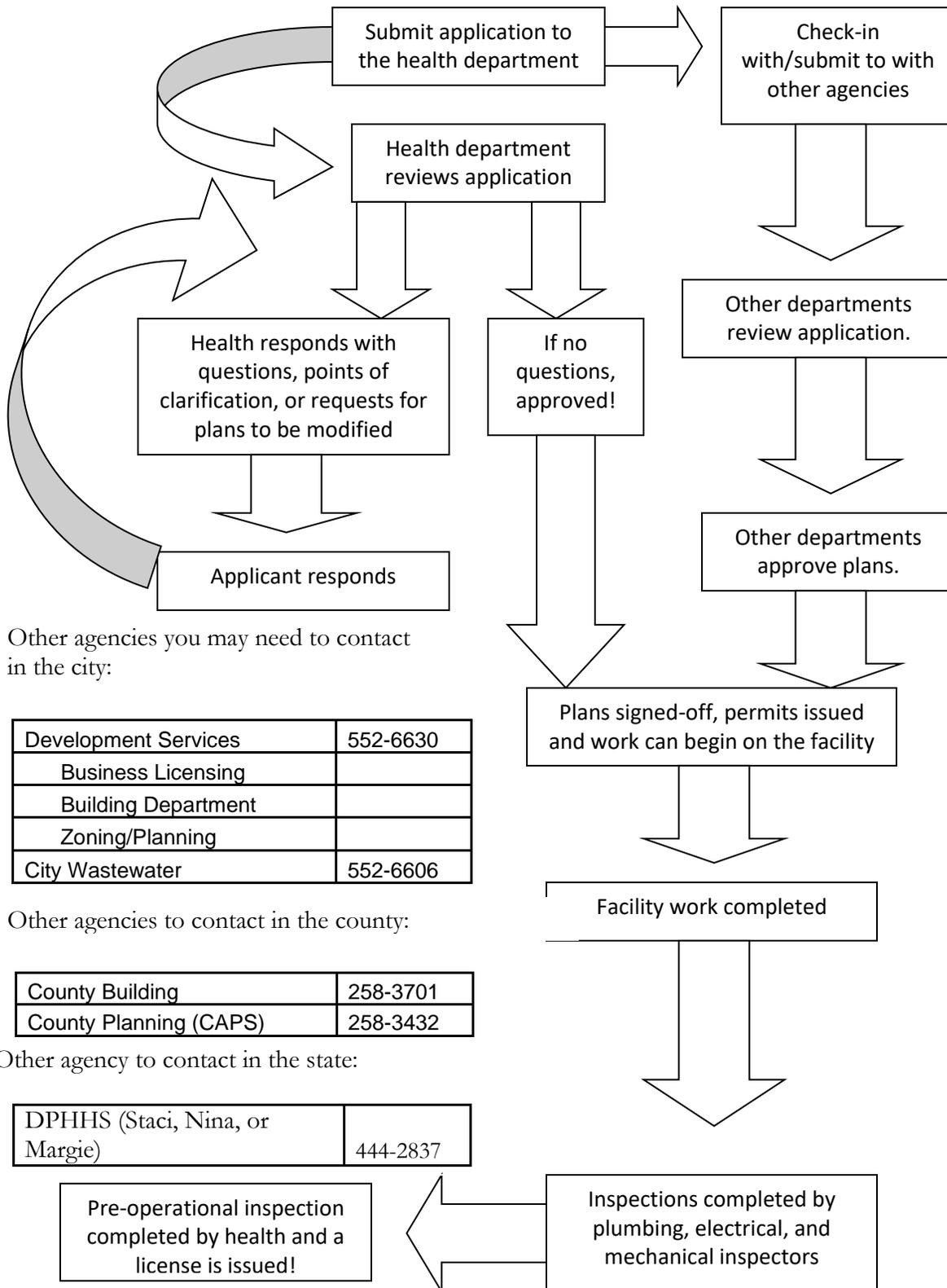
Included	N/A	
		Completed and Signed Application Form
		Floor Plan:
		Rooms Labeled
		Plumbing Layout/Fixtures Labeled
		Appliances Labeled
		Autoclave Spore Test Results (if applicable):
		Copies of Current Certifications for All Artists (Gen San, BBP, FA)
		Copies of Valid IDs for All Artists
		Client Consent Form and Aftercare Instruct.
		Water/Wastewater Information

Intake Sanitarian: _____

Date: _____

Sanitarian Comments: _____

Process Overview



Other agencies you may need to contact in the city:

Development Services	552-6630
Business Licensing	
Building Department	
Zoning/Planning	
City Wastewater	552-6606

Other agencies to contact in the county:

County Building	258-3701
County Planning (CAPS)	258-3432

Other agency to contact in the state:

DPHHS (Staci, Nina, or Margie)	444-2837
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Pre-operational inspection completed by health and a license is issued!

Inspections completed by plumbing, electrical, and mechanical inspectors



Guidelines for an Efficient Review Process

While most reviews can be completed in a couple weeks, they may take between 30-60 days depending on staff resources and the completeness of the application submitted. To make your review process as fast and easy as possible, ensure the following:

- Turn in a complete application that is easy to read.
- Plan ahead so that the project is not delayed.
- Check-in with other agencies (if applicable) during the review process.
- Do not start construction or remodeling prior to getting an approval letter.
- Submit an application that reflects how you intend to operate at the time of licensing.
- Submit the final copies of your floor plan as changes may result in delays or additional fees.
- Respond quickly to questions from the reviewer.
- If something asked in the application does not apply to the operation, don't leave items blank, write N/A.

Items to Submit

- Application form, completed and signed.
- Floor plan of the facility, showing all waiting areas, client rooms, bathrooms, storage areas, laundry/janitorial rooms, and any other areas. Show all sinks, procedural furnishings, and appliances.
- Autoclave current spore test results, if applicable.
- General Sanitation, Blood-borne Pathogens, and First Aid Certificates.
- Valid ID copies for all artists. Must be a state-issued, picture ID.
- Client consent form.
- Client aftercare instructions.
- Septic permit if applicable.
- Well log or other information, if applicable, regarding the construction and source of a private water supply.

Other Licenses and Regulatory Agencies

- There are many codes that you may need to comply with including those from building, fire, wastewater, zoning, and the department of revenue. While it is not the health department's responsibility to enforce their codes, there may be instances where you cannot be approved to operate until you comply with their regulations.
- A business license is required if you operate in the City of Missoula.
- You will need to contact DPHHS for your General Sanitation Quiz password.
- You will need to contact a certified First Aid and Blood-borne Pathogens Exposure Control service, and follow the requirements for certification. These will be up to you to keep current.
- At this time, you are not required to have a MT. Board of Barbers and Cosmetologists license.
- Contact Republic Services (or applicable waste hauler) to coordinate sharps pick-up service.

Licensee (Operator) Name _____ Tattooist Piercer

Date of Birth _____ Photo ID # _____

Expiration Date or date passed for Training Certificates (required by both operators and artists)

Bloodborne Pathogen Prevention _____ First Aid _____ General Sanitation _____

Other Artists Working Within the Establishment (full-time, part-time, temporary, or guest)

Do not omit this page. If no other artists will be working mark box below If necessary, you can make extra copies of this page.

No other artists

Name _____ Tattooist Piercer

Date of Birth _____ Photo ID # _____

Bloodborne Pathogen Prevention _____ First Aid _____ General Sanitation _____

Name _____ Tattooist Piercer

Date of Birth _____ Photo ID # _____

Bloodborne Pathogen Prevention _____ First Aid _____ General Sanitation _____

Name _____ Tattooist Piercer

Date of Birth _____ Photo ID # _____

Bloodborne Pathogen Prevention _____ First Aid _____ General Sanitation _____

Name _____ Tattooist Piercer

Date of Birth _____ Photo ID # _____

Bloodborne Pathogen Prevention _____ First Aid _____ General Sanitation _____

Name _____ Tattooist Piercer

Date of Birth _____ Photo ID # _____

Bloodborne Pathogen Prevention _____ First Aid _____ General Sanitation _____

Business Manager or Other Contact Person Name _____ Title

_____ Phone 1 _____ Phone 2 _____ E-mail



Please check the appropriate boxes and fill in the blanks. Use "NA" to indicate if it is not applicable to your establishment. **All questions must be answered for your plan review to be considered complete.**

Minors

Will body art be performed on minors? Yes No

(If no body art will be performed on anyone under the age of 18, skip to the next section)

What is your minimum age for each type of body art performed? _____

How will parental or legal guardian consent be determined and documented?

A parent or guardian must accompany their minor child throughout the entire procedure.

Blood-borne Pathogen Exposure Control

OSHA 29 CFR 1910.1030 requires employers with who have an employee(s) with reasonable occupational exposure to bloodborne pathogens to have a written exposure control plan.

Do you have any employees? (Do not include yourself, business partners not performing body art, independent workers such as artist renting booth space, or volunteers.) Yes No

If you have at least one employee, then OSHA standards must be met. A sample plan can be found here:
https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf

Sterilization of Equipment and Jewelry

Instruments that come in contact with a client during tattooing or piercing procedures will be:
(Select all that apply)

- Individually wrapped and autoclaved
 - Autoclave packaging has indicator strip
 - Other indicator is used; specify _____

Disposable and come from the supplier individually wrapped and sterile. **If you select this option, provide a sample invoice.**

Sterility documentation and expiration dates must be retained with applicable disposable supplies, at all times.

Jewelry used for piercing (if applicable) *(Select all that apply)*

- Individually wrapped and autoclaved
- Comes from the supplier individually wrapped and sterile. **If you select this option, provide a sample invoice.**

Autoclave manufacturer _____ Model number _____

Certified Laboratory (analyzes monthly spore tests) _____

Cleaning and Ultrasonic Use

Non-disposable instruments will be cleaned with appropriate detergent and rinsed with potable water: *(Select all that apply)*

- In a designated sink with hot and cold running water that is large enough to submerge equipment
- Using an ultrasonic unit used in accordance with manufacturer's specifications

Type of soap/detergent used for cleaning non-disposable items: _____

Disinfection

Worktables, counter tops and client contact surfaces will be cleaned and disinfected with: *(select all that apply)*

- EPA registered disinfectant wipes
- EPA registered disinfectant spray or liquid solution
 - Using reusable cloths
 - Using paper towels or disposable cloths

Name of disinfecting product _____

Gloves

Disposable non-latex gloves designed for medical or clinical use must be used during procedures.

Gloves will be: *(Select all that apply)*

- Nitrile
- Vinyl
- Other: _____

Disposal of Infectious Waste and Solid Waste

Sharps containers are:

- Mailed to a licensed sharps disposal company (mail-back instructions and box provided by company)
- Picked up by licensed infectious waste disposal company.
- Brought to a secure site where they are later picked up by a licensed infectious waste disposal company;

Storage/Pick-up location _____

Name of licensed sharps/infectious waste disposal company _____

- Packaged, bleached, secured, labeled, and placed in solid waste container, according to solid waste service

Solid Waste will be disposed of:

- By municipal solid waste service
- By private solid waste service; Name of company _____
- At a licensed waste disposal site; Name of facility or location _____



Solid Waste Disposal:

1. How often is solid waste removed from the premises? _____
2. Where are solid waste and recyclables stored between pick-ups? _____
3. Does the storage area have a cleanable, non-absorbent surface like asphalt or concrete? Yes No
4. Do you have durable, cleanable, pest proof cans or a pest proof enclosure? Yes No

Waste (other than sharps) contaminated with blood or other bodily fluid must be placed in a garbage container inside the establishment, and the container must be labeled "BIOHAZARD" or have the universal biohazard symbol, lined with a strong leak proof plastic bag, tied to prevent leakage for handling, and placed in rigid leak proof containers for storage and transportation. This waste is considered contaminated but not "infectious". Examples are gloves, tissues, or ink cups. Once closed securely and removed from the work room, it can be placed with other regular garbage for disposal.

Marking and Skin Preparation

Tattoo design will be transferred or marked using (*Select all that apply*):

- Single-use transfer paper Single-use marker Other sanitary method: _____

Peel-off pencils are not considered single use and are not allowed. You may submit a variance request, per ARM 37.112.159. If you wish to do this, contact this office for further guidance.

Antiseptic must be applied to the skin before and after the procedure. Indicate the type and name of antiseptic and how it will be applied.

Tattoo Ink Manufacturer(s) _____

Inks must remain in manufacturer's container, with legible label, and discarded if contaminated or beyond expiration date.

If shaving is required for site preparation, ensure that single use disposable razors are used.

Toilet Room

Toilet room must be located within 200 ft (pedestrian route) of work room. Handwashing sink(s) must be located within the toilet room or within 10 ft of the door and be provided with individual towels, soap, and hot & cold water. Handwashing sinks for toilet room and work room CANNOT be the same. (*Select all that apply*)

- Toilet room available to staff and customers within facility
 Property owner (multi-unit complex) provides a public toilet room



Indicate location and distance (e.g. 3rd floor, 30 ft from work room)

- Handwashing sink(s) located in the toilet room
- Handwashing sink(s) located _____ ft from the toilet room

Work Room

Handwashing Sink(s) intended for work rooms cannot be in the same room as the toilet.

If located outside the work room, it must be within 10 ft of the door, which must be 2-way self-closing or operated in a way that prevents contamination of the hands. Handwashing sink must be provided with individual towels, soap, hot & cold water, and a trash can.

Handwashing Sink is located:

- In the work room **Yes** **No**
- Outside the work room within _____ ft of the door; 2-way self-closing door **Yes** **No**
- Handwashing sink will not be shared with other artists, operating at the same time **Yes** **No**
- Handwashing sink will be cleaned and sanitized between clients, and when contaminated **Yes** **No**

Floors must be constructed of smooth and impervious materials that are easily cleanable. Floors are constructed of: *(Select all that apply)*

- Tile Vinyl Epoxy Sealed concrete Other: _____

Floors will be wet mopped daily using: *(Select all that apply)*

- Wet mop Flat mop Steam mop Spray Mop Disposable mop pads Reusable mop pads

Work Room is separated from the waiting room by a:

- Standard Door Swinging Door Chain/Rope Other: _____

Laundry that may have been contaminated with blood or body fluids must be stored in a leakproof and closed container or bag prior to cleaning. Soiled laundry must not be stored in a manner that may contaminate clean work surfaces or equipment. Specify how and where soiled mops, wiping cloths, and other laundry will be stored and laundered:

Temporary or Mobile Establishment

Describe in detail where water will be obtained, how it will be stored and dispensed, and how wastewater will be collected and disposed of:



Water Supply

Is the establishment served by a public water supply (PWS)? _____ If yes, provide PWS# _____

*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (DEQ), serving 25 or more people, 60 days out of a year. MDEQ can be reached at (406) 444-2406

If your water system does not meet the definition of a public water supply, please answer the following questions regarding your private water supply and complete the Water Supply section of the Land Services Addendum.

Yes No

- ___ ___ My proposed establishment is 200 ft or less from a public water supply line.
- ___ ___ My proposed establishment serves 25 or more people per day, including guests, residents and staff, for 60 or more days in a calendar year.
- ___ ___ The water supply is existing, and already in use.

NOTE: A separate review of your private water system is required to assess its compliance with Food and Consumer Safety Circular 1. This review is an additional fee.

Wastewater Treatment System

Is your establishment served by a public wastewater system? _____ If so, attach DEQ approval documents, and the provide the Septic Permit # _____

*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (DEQ), serving 25 or more people, 60 days out of a year. MDEQ can be reached at (406) 444-2406

If your septic system does not meet the definition of a public wastewater treatment system, please answer the following questions regarding your private wastewater treatment system and complete the Wastewater section of the Land Services Addendum.

Septic Permit # _____

Yes No

- ___ ___ My proposed establishment is 200 ft or less from a public sewer line.
- ___ ___ My proposed establishment serves 25 or more people per day, including guests, residents and staff for 60 or more days in a calendar year.
- ___ ___ I understand that if my septic system fails to accept effluent at the rate of application, pollutes state water, or has a mechanical failure, immediate action must be taken. This may mean that a new system designed by an engineer must be installed. (37.111.116 ARM).

Helpful links for water and wastewater information:

Public water (PWSID) numbers are found here: <http://sdwisdww.mt.gov:8080/DWW/>
Sewage Treatment numbers are found here: <http://deq.mt.gov/Water/Resources/mpdes/majorpermits>



PLEASE READ, INITIAL, AND SIGN

___ Approval of these plans and specifications by the health authority does not indicate compliance with any other code, law or regulation that may be required, such as building code permits and inspections, fire and life safety inspections, and other business licenses. It further does not constitute endorsement or acceptance of the completed establishment. If you are sharing space at an establishment that has activities regulated by the Board of Barbers and Cosmetologists, contact them for restrictions.

___Records, including consent forms, client records and spore test results, must be kept for a minimum of 3 years and be available for review by the health department.

___The health department must be contacted before any major remodel or addition of services.

___Current training certificates and photo ID must be provided to the health department before any new artists or piercers begin operating. This includes guest artists.

___Once you receive your license, it must be displayed in view of your clients. The license is not transferable and is specific to the person and the location. If either the location or owner changes, a new license is required.

___The health department must be permitted to enter the establishment at any reasonable time for the purpose of making inspections and must be permitted to examine the records of the establishment.

___ The health department shall conduct an inspection of the establishment at least once per year. Additional inspections of the establishment may be performed as often as necessary to enforce ARM requirements.

___Whenever an inspection of an establishment is made, the health department will document its findings on an inspection form. A copy of the completed inspection report will be given to the person in charge of the establishment within ten days of the inspection. Correction of the violations must be accomplished within the period specified on the inspection form. Failure to comply with time limits for corrections of critical item violations may result in cessation of establishment operations.

___I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior permission from the health department may nullify any approval from the health department.

___I have read and understand ARM 37.112.102 through 37.112.167.

Statement:

I hereby certify that the information included in this application, including the attached plans and information are correct. I understand that any deviation from the submitted information may incur additional review fees and may delay approval. In addition, I understand that changes made after an approval letter is issued without prior permission of the health department may nullify the approval for this review.



By submitting this signed application, I acknowledge that the process may take 30 to 60 days and that applications are reviewed in the order that they are received. I further acknowledge that it is my responsibility to contact other regulatory agencies, and that an approval letter issued from the health department does not indicate compliance with any other code, law, or regulation that may be required whether federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). I understand that a pre-operational inspection to determine compliance with the regulations must be completed and a public accommodation license must be issued for operation.

Signature of Responsible Representative: _____

Printed Name of Representative: _____

Date: _____