



## Plan Review Application for Body Art Establishments

Administrative Rules of Montana (ARM) for Tattooing and Piercing Establishments require any person desiring to operate an establishment to submit an application on forms provided by the health department. The application must include the name and address of the applicant and the location and type of the proposed establishment. The applicant and all artists working in the proposed establishment shall be at least 18 years of age at the time of application. **Prior to approval of an application for a license, the department will inspect the proposed establishment** to determine compliance with the requirements of ARM 37.112.1. The health department will issue a license to the applicant if the applicant meets the requirements of this chapter by plan review, inspection, and upon receipt of the license fee. Obtaining a license from the health department does not relieve the applicant from satisfying applicable requirements from other federal, state, or local agencies

**\_\_\_\_\_ Building, Fire, and Zoning requirements checked with City or County Planning (Community Development in City of Great Falls, Cascade County Planning for Zoning Requirements outside of Great Falls)**

<p><b><u>Establishment Description:</u></b> (Select all that apply)</p> <p>_____ <b>Tattooing</b></p> <p>_____ <b>Cosmetic Tattooing</b></p> <p>_____ <b>Microblading</b></p> <p>_____ <b>Body Piercing</b></p> <p>_____ <b>Ear Lobe Piercing Only</b></p> <p>_____ <b>New Construction</b></p> <p>_____ <b>Converting Existing Building to Body Art Facility</b></p> <p>_____ <b>Remodel of Existing Body Art Facility</b></p> <p>_____ <b>Mobile</b></p> <p>_____ <b>Temporary</b></p> <p>_____ <b>Change of Ownership</b></p>	<p><b><u>Plan Review Fees:</u></b></p> <p><b>Tattooing and/or Piercing:</b> \$125 (2.5 Hrs)</p> <p><b>Ear Lobe Piercing:</b> \$100 (2 Hrs)</p> <p><i>Plan Review Fee includes one onsite walk-through (if requested) and one pre-opening inspection. Additional site visits are <b>\$100/visit</b>.</i></p> <p><i>License Fees are \$135 and are collected after approval. Tattooing and Piercing services require separate licenses. If the establishment performs both, the fee is \$270.</i></p> <p><i>Hourly Rate (if exceed base fee time): \$50/ hour</i></p>
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**Please submit the above information with this application and a check written to “CCHD” for the plan review to the City-County Health Department, 115 4<sup>th</sup> St. S., Great Falls, MT 59401.**

Our Department attempts to complete plan reviews within 15 business days. Failure to complete the process in 6 months will require new plan review documents and fees to be submitted.

**Establishment Name** \_\_\_\_\_

Establishment Location Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from establishment) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Previously licensed?  No  Yes

Former name \_\_\_\_\_

License # \_\_\_\_\_ Last calendar year licensed \_\_\_\_\_

Water supply:  Public, PWSID # \_\_\_\_\_  Private (include copy of test results)

Sewage treatment:  Public, DEQ # \_\_\_\_\_  Private, permit # \_\_\_\_\_

**Licensee (Operator) Name** \_\_\_\_\_  Tattooist  Piercer

Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_

*Expiration Date of Training Certificates (required by both operators and artists)*

Bloodborne Pathogen Prevention \_\_\_\_\_ First Aid \_\_\_\_\_ General Sanitation \_\_\_\_\_

**Artists** (full-time, part-time, temporary, or guest)

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 \_\_\_\_\_

## **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

**Jewelry** (if applicable):

*(Select all that apply)*

- Individually wrapped and autoclaved
- Comes from the supplier individually wrapped and sterile

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

## **Disinfection**

Work tables, counter tops and client contact surfaces will be cleaned and disinfected with:

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

Name of product \_\_\_\_\_

Explain how dirty wiping cloths will be stored and cleaned (if applicable) \_\_\_\_\_

## **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 \_\_\_\_\_

**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 \_\_\_\_\_

### **Lavatory**

Lavatory must be located within 200 ft (pedestrian route) of work room. Handwashing sink(s) must be located within the lavatory or within 10 ft of the door and be provided with paper towels, soap, and hot & cold water.

*(Select all that apply)*

- Restroom available to staff and customers within facility
- Property owner (multi-unit complex) provides a public restroom for businesses and customers

Indicate location and distance (e.g. 3<sup>rd</sup> floor, 30 ft from work room) \_\_\_\_\_

- Handwashing sink(s) located in the restroom
- Handwashing sink(s) located \_\_\_\_\_ ft from the restroom

### **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 hard plumbed and provided with paper towels, soap, and hot & cold water. Portable sinks are only allowed in mobile establishments.

Handwashing Sink is located:

- In the work room
- Outside the work room within \_\_\_\_\_ ft of the door; Door type \_\_\_\_\_

**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

Mop water will be dumped in:

- Mop sink     Utility sink     Toilet

Specify where wet mops will be hung to dry (if applicable): \_\_\_\_\_

**Work Room** is separated from the waiting room by a:

- Standard Door     Swinging Door     Chain/Rope
- Other: \_\_\_\_\_

**Waste Receptacles** must be covered when not in use and be emptied daily.

Waste Receptacle has a:

- foot pedal operated cover     manually operated cover     automatic cover

**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 where soiled mops, wiping cloths, and other laundry will be stored and how they will be stored and laundered: \_\_\_\_\_  
\_\_\_\_\_

**Marking and Skin Preparation**

Tattoo design will be transferred or marked using:

*(Select all that apply)*

- Single-use transfer paper                       Disposable marker
- Other sanitary method: \_\_\_\_\_

**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.

\_\_\_\_\_;  
\_\_\_\_\_  
\_\_\_\_\_

**Upon completion**, tattoo will be covered by:

- Tattoo film; \_\_\_\_\_
- Sterile absorbent bandage
- Other: \_\_\_\_\_

If tattoo is applied to an area that cannot be covered (e.g. eyes or mouth), care must be taken to prevent blood and bodily fluids from contaminating surfaces. If special care is needed to prevent potential infection, indicate in the after-care instructions.

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN**

- ❖ 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.
- ❖ 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. The health department will charge a follow-up fee for a third or subsequent inspection if a violation is not corrected by the end of the second visit to the establishment. The follow-up fee is \$150.
- ❖ 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.**

➤ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please enclose the following required documents and fee with this plan review application:**

- Plan Review Fee (check must be made out to CCHD, call for other payment options)
- Copies of Photo IDs (operators, artists, and piercers)
- Consent Form, Client Record (if not included in Consent), and Aftercare Instructions
- Floor plan, including work rooms, waiting areas, bathrooms, sinks, doors, stairs, autoclave area, etc.
- Spore test results from certified lab (if autoclave used)
- Water test results from certified lab (if not connected to a public water system)
- Copies of training certificates (General Sanitation, First Aid, and Bloodborne Pathogen Prevention)