



TIME-LIMITED (TEMPORARY) BODY ART ESTABLISHMENT PRE-LICENSING CHECKLIST

Please indicate with a checkmark (✓) that the following are included for review:

- _____ General layout drawing of the operation, including location of entrances/exits, all plumbing fixtures (hand sinks, mop sink), and restroom(s)
- _____ Equipment list with name of manufacturer and model numbers referenced to the general layout drawing
- _____ Materials list (inks, needles, etc.)
- _____ Lighting plan OR sign and date the following statement:

“There will be at least 40 foot candles of light provided for all work surfaces”

- | _____
Signature | _____
Date |
|--|---------------|
| _____ Parental consent form | |
| _____ Record of client service form | |
| _____ Written Infection Prevention Control Plan | |
| _____ Evidence of appropriate body art training for all artists | |
| Evidence may be: | |
| 1) Records of completion of courses or seminars in body art offered by authorities qualified to provide such instruction; | |
| 2) Written statements of attestation by individuals offering body art apprenticeships that the person has received sufficient training of adequate duration to competently perform body art services; or | |
| 3) Other documentation acceptable to the board of health. | |
| _____ Evidence of appropriate safety training for all artists | |
| 1) First aid; | |
| 2) Safety and sanitation requirements for preventing transmission of infectious diseases; | |
| 3) Universal precautions against bloodborne pathogens; | |
| 4) Appropriate body art aftercare. | |

Please sign and date:

I am submitting a set of plans which include the required drawings and other information noted above. I intend to comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and 3701-09-01 to 3701-09-09 of the Ohio Administrative Code.

Signature of Applicant: _____ Date: _____

Submit Plans To:

Time-Limited (Temporary) Body Art Establishment Plan Review
Clark County Combined Health District
529 E. Home Road
Springfield, OH 45503
Telephone: 937-390-5600
Fax: 937-390-5625

