



**HENRY
COUNTY
HEALTH
DEPARTMENT**

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PROMOTING HEALTH AND QUALITY OF LIFE FOR ALL RESIDENTS OF HENRY COUNTY

**PLAN APPROVAL APPLICATION
Time Limited**

Information Needed To Establish A Time Limited Tattoo And/Or Body Piercing Operation:

Please Print or Type

BUSINESS NAME _____

BUSINESS ADDRESS _____

LOCATION OF THE EVENT _____

OWNER/ APPLICANT ADDRESS _____

BUSINESS PHONE _____ HOME PHONE _____

The plans and specifications submitted for the approval of the licenser or department shall clearly confirm that the applicable provisions of rules 3701-9-01 to 3701-9-09 of the Administrative Code can be met adequately. Information shall include, but not limited to, the following:

- (1) If the operator is an individual, his or her name, address, telephone number, business address, business telephone number, and occupation. If the operator is an association, corporation, or partnership, the address and telephone number of the entity and the name of every person who has an ownership interest of five percent or more in the entity;
- (2) If the operator does not own the place of business, or if he or she owns only part of the place of business, the name of each person who has an ownership interest of five per cent or more in the business;
- (3) * Statement of attestation that the operator intends to comply with all requirements established by sections 3730.01 to 3730.11 of the Revised Code and the rules of this chapter.
- (4) * Plans and specifications of the place of business to clearly show that applicable provisions of the rules in this chapter can be met and shall include the following:
 - (a) The total area to be used for the business;
 - (b) Entrances and exits;
 - (c) Number, location and types of plumbing fixtures, including all water supply facilities;
 - (d) A lighting plan;
 - (e) A floor plan showing the general layout of fixtures and equipment;
 - (f) Listing of all equipment to be used.

- (5) Verification that the water supply and waste water disposal system meets the requirements of the Ohio Environmental Protection Agency. If the water supply is not under OEPA requirements, then a safe bacteriological water sample must be collected by the Henry County Health Department.
- (6) * Evidence that the operator shall perform the following functions:
- (a) * The operator shall maintain procedures ensuring that all persons performing body piercing or tattooing services on the business premises have received appropriate training in tattooing or body piercing, as evidenced by:
 - (i) Records of completion of courses or seminars in tattooing or body piercing offered by authorities recognized by the board of health as qualified to provide such instruction;
 - (ii) Written statements of attestation by individuals offering tattoo or body piercing apprenticeships that the person has received sufficient training of adequate duration to competently perform tattoo or body piercing services; or
 - (iii) Other documentation acceptable to the board of health.
 - (b) * The operator shall maintain procedures ensuring that all persons performing tattooing or body piercing services for the business shall have received training, as evidenced by records of completion, courses or seminars provided by licensed physicians, registered nurses, organizations such as the American Red Cross, accredited learning institutions, appropriate governmental entities, or other authorities recognized by the board of health as being qualified to provide training in the following:
 - (i) First aid;
 - (ii) Safety and sanitation requirements for preventing transmission of infectious diseases;
 - (iii) Universal precautions against bloodborne pathogens;
 - (iv) Appropriate tattoo and piercing aftercare.
 - (c) The operator shall maintain written records of equipment utilized by the business, including manufacturer and model numbers;
 - (d) The operator shall maintain procedures acceptable to the board of health ensuring that persons performing tattooing or body piercing services on the premises of the business shall disinfect and sterilize all non-disposable equipment or parts of equipment used in performing procedures, by utilizing methods meeting disinfection and sterilization requirements in accordance with rule 3701-09-08 of the Administrative Code;
 - (e) The operator shall maintain procedures ensuring the performance of weekly biological monitoring tests of the business's heat sterilization devices, to ensure that the devices thoroughly kill microorganisms. In accordance with division (A)(5) of section 3730.09 of the Revised Code, these procedures shall include:
 - (i) Maintenance of a log of all tests performed, the date of each test and the name of the person or independent testing entity performing the test; and
 - (ii) Procedures for remedial action on the part of the operator to assure compliance with all sterilization requirements in accordance with rule 3701-09-08 of the Administrative Code, in the event a test indicates a heat sterilization device is not functioning properly.

The operator shall maintain records of each test performed for at least two years.

(f) The operator shall maintain procedures ensuring the general health and safety of all individuals employed by the business.

(g) * For each tattoo service performed by the business, the operator shall maintain a written record of dye colors, manufacturer, and any available lot number or other identifier of each pigment used.

When plans are submitted to the Henry County / Napoleon City Combined Health Department or its authorized representative, they shall be acted upon within thirty days after the date of receipt.

Signature of Applicant _____ Date _____