



Public Health

Consumer Protection Program

Body Art Establishment Plan Review

Today's Date: _____

Type of Establishment: Permanent Mobile Temporary/Special Event

Is your establishment: New Existing Existing with new ownership/remodel

Name of Establishment: _____

Phone: _____ Fax: _____

Address of Establishment: _____

Name of Operator (or Owner): _____

Operator's Phone Number: _____ Fax: _____

Operator's Address: _____

Name of Local Contact: _____

Phone: _____ Fax: _____

Number of Artist Stations: _____ Square Feet/Station: _____

Total Square Feet of Establishment: _____

If Opening a New Establishment or Remodeling Current One:

Name of Owner: _____

Phone: _____ Fax: _____

Owner Address: _____

Date Construction Will Begin: _____ Date of Planned Opening: _____

New Establishment Remodel

Have these plans been submitted or do you intend to submit these plans to other counties in the State of Colorado?

Yes No If yes, please list the county(ies): _____

Day(s) of Operation: Su M Tu W Th F Sa Hours of Operation: _____

Number of Body Artists the Facility is Designed For: _____

Number of Body Artists Working in the Facility at Opening: _____



Please provide the following:

1. Floor plan drawn to scale including:
 - a. Location and identification of all equipment and areas
 - b. Complete attached "Interior Finishes" sheet
 - c. Lighting fixtures and wattage in procedure and instrument cleaning and sterilization areas
 - d. Description of all surface finishes including counters, tables, equipment, chairs, recliners, shelving, and cabinets
 - e. Location and size of all handsinks in each procedure area and toilet room
 - f. Separation of areas used for cleaning equipment, wrapping/packaging equipment and for handling and storage of sterilized equipment
 - g. Location and size of instrument cleaning sinks and utility sinks
 - h. Refuse containers
 - i. Waiting areas
 - j. Laundry area including clean and soiled laundry storage areas
 - k. Fish aquariums and service animal areas
 - l. Chemical storage
 - m. Sharps and regulated waste storage containers
 - n. Instrument disinfectant soaking area
 - o. Instrument sterilizer
 - p. Instrument sterilizer manual
 - q. Instrument sterilizer load log
 - r. Sterilizer monitoring documentation
 - s. List of single use items to be used
 - t. Storage of client and employee records
2. Written Infection and Exposure Control Procedures, Including:
 - a. Instrument cleaning and sterilization
 - b. Cleaning and disinfection of the procedure area(s)
 - c. Universal precautions procedures
 - d. Infectious Waste Management plan
3. Description of antiseptic and disinfectant products to be used
4. Written procedures for tattooing
5. Written procedures for body piercing
6. Description of how items will be sterilized, if sterilization is occurring

Interior Finishes

Use the following chart to indicate all interior finishes. Do not leave blanks. If the item does not apply, mark with N/A.

Room Finish Schedule									
Room	Floors			Walls (Material and Finish)				Ceilings	
	Material	Finish	Base	North	South	East	West	Material	Finish
Example	Quarry Tile	Smooth sealed	6" quarry tile	FRP smooth	FRP smooth	Painted smooth	Painted smooth	Vinyl acoustical tile	Smooth
Procedure Area									
Storage Room									
Waiting Room									
Instrument Cleaning Area									
Instrument Packaging Area									
Autoclave Area									
Utility Mop Area									
Rest Rooms									

List any specialty areas that will be incorporated into the facility. You may use this area to explain items on the chart above.
