



Prevent • Promote • Protect

PUEBLO CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
101 W. 9TH STREET
PUEBLO, CO 81003
(719) 583-4307 fax: (719) 583-4322
www.pueblohealthdept.org

Body Art Facility Plan Review Application

I. INSTRUCTIONS

A. Fill out this form completely and accurately.

- A minimum of **two (2) weeks** shall be necessary for review of both detailed plans and specifications of a proposed newly constructed body art facility and/or any proposed remodeled facility.
- Lack of complete information may delay the review and plan approval.
- Please be prepared with all necessary paperwork when scheduling a plan review appointment.
- Any changes from approved plans must be submitted in writing and approved by the Pueblo City-County Health Department.
- Plans will not be reviewed until all items are submitted, which includes application, completed plan review packet and fee.

B. Please call Environmental Health Division at 719-583-4307 with any questions or to schedule an appointment.

C. Pay the following plan review fees:

- A non-refundable plan review application fee of \$75 is due when application is submitted.
- Plan reviews, pre-opening inspections and related activities are billed at \$42/hour.

Please refer to *the Pueblo City-County Health Department Board of Health Regulation X* available online at

<http://county.pueblo.org/government/county/department/city-county-health-department/tattoo-and-body-art>

The Body Art Establishment Plan Review Application is valid for a period of one (1) year from the date of submission.

FOR OFFICE USE ONLY:

Date Received: _____ Fee Paid: _____ Staff Initials: _____

Application Date: _____

Plan Review Form	
Establishment Information	
Name of Establishment (DBA):	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	
Business/Ownership Information	
Individual(s) or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Contact Information	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Date construction is to start: _____ **Date of planned opening:** _____

THE SIGNER (OWNER/REPRESENTATIVE) AGREES THAT ANY DEFICIENCIES WILL BE CORRECTED.

SIGNATURE _____ DATE _____

Below is a checklist of required information needed to complete the plan review.

Please ensure all information is included.

****Lack of complete information will delay review and plan approval.****

Facility Floor Plan/Equipment Layout	After Care, Infection/Exposure Control Procedure
Equipment Specifications	Blood borne Pathogen Training Certification(s)
Complete Interior Finish Schedule	Written Procedure logs and Consent Forms
Health Department Reporting Log	Employee Hepatitis B vaccination series, or declination

Have plans been submitted to the Pueblo Regional Building Department? Yes No

Choose one or the other: Newly Constructed Extensively Remodeled

What procedures shall be performed at the Proposed Body Art Facility?

Tattoo	Scarification
Piercing	Sculpting
Branding	Other: _____
Permanent Makeup	

Facility Details

Will this facility be used for anything other than body art procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:	
How many body artists is this facility being designed for?	
How many body artists will be working in this facility at opening?	
What type of instrument cleaning will you use?	<input type="checkbox"/> Ultrasonic <input type="checkbox"/> Manual <input type="checkbox"/> N/A
What is the sewage disposal source?	
Name of Trash disposal service?	
How will items be sterilized	<input type="checkbox"/> On-site Autoclave <input type="checkbox"/> Pre-Sterilized Disposable <input type="checkbox"/> Both

Days and Hours of Operation							
Insert hours below in the following format: 8 am to 8pm							
If there is a break in the hours you are open, use the second line to insert additional hours.							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Hours							

I. FACILITY FLOOR PLAN/EQUIPMENT LAYOUT

- a. Submit floor plans drawn to scale. Plans must include the location and identification of all equipment and applicable areas. Check all that apply in the table below.

(Table 1)

Floor Plan/ Equipment Layout				
Please check applicable item				
<input type="checkbox"/>	Handsinks	<input type="checkbox"/>	Waiting Area	<input type="checkbox"/> Laundry Facility Locations Other: _____
<input type="checkbox"/>	Instrument Cleaning Area/Sink	<input type="checkbox"/>	Water Heater Locations	
<input type="checkbox"/>	Cleaning Equipment Storage	<input type="checkbox"/>	Garbage/Recyclables Storage	
<input type="checkbox"/>	Chemical Storage Areas	<input type="checkbox"/>	Personal Storage Areas	
<input type="checkbox"/>	Sharps Disposal	<input type="checkbox"/>		
<input type="checkbox"/>	Infectious Waste Area	<input type="checkbox"/>		
<input type="checkbox"/>	Toilet Facilities	<input type="checkbox"/>		
<input type="checkbox"/>	Utility Mop Sinks	<input type="checkbox"/>		

Annex 1: Facility Specific Procedures

A. Please submit the following plans or procedures as related to the facility.

- Written infection and exposure control procedures.
- Client consent forms.
- Written aftercare instructions.
- Sharps disposal contract.
- Plan for removal of, six month old instruments (sterilized equipment).
- Sample of sterilizer log.
- Spore test contract.
- List of single use (disposable) items.
- Health Department Reporting Log

B. Please submit copies of employees current Blood borne Pathogen Training Certification and proof of all Employee Hepatitis B vaccination series, or declination.