

## BODY ART / TATTOO PLAN REVIEW APPLICATION 2021

A plan review is required for all new or extensively remodeled facilities, and at change of ownership in accordance with Pueblo Department of Public Health and Environment (PDPHE) Body Art Regulation No. X (available online). Plans must be submitted at least 30 days prior to the start of construction. Any revisions to plans and specifications must be submitted in writing and approved by PDPHE. Please complete the back and checklist provided to ensure application is complete. Plan review will be delayed if application is incomplete or items are missing.

FACILITY INFORMATION			
Name (DBA)			
Street, City, Zip			
Phone		Email	
OWNER INFORMATION			
Owner/Corporate Name			
Street, City, Zip			
Phone		Email	
Colorado State Tax #			
FACILITY CONTACTS			
Primary Contact			
Phone		Email	
Contractor Name		Architect Name	
Address		Address	
Phone		Phone	
Email		Email	
Signature Owner/Agent		Date	

**FACILITY DETAILS**

Construction Start Date		Planned Opening Date	
Have plans been submitted to Pueblo Regional Building Department			<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of facility (check all that apply)	<input type="checkbox"/> New Construction <input type="checkbox"/> Extensively Remodeled		
	<input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Branding		
	<input type="checkbox"/> Scarification <input type="checkbox"/> Sculpting <input type="checkbox"/> Other:		
Will facility be used for anything other than body art procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain in detail:			
How many body artists is facility designed for			
How many body artists working at opening			
What type of instrument cleaning will be used	<input type="checkbox"/> Ultrasonic <input type="checkbox"/> Manual <input type="checkbox"/> N/A		
How will items be sterilized	<input type="checkbox"/> On-site Autoclave <input type="checkbox"/> Pre-sterilized Disposal <input type="checkbox"/> Both		
Facility water source			
Sewage disposal source or method			
Name of trash disposal service			
Name of sharps disposal service			

**DAYS AND HOURS OF OPERATION**

Insert hours in the following format: 8am-8pm. If there is a break in hours, use both lines.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Hours							

# CHECKLIST

## FLOOR PLAN / EQUIPMENT LAYOUT

Submit floor plan drawn to scale. Plans must include the location and identification of all equipment and areas. Check all items/areas that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chemical Storage<br><input type="checkbox"/> Cleaning Equipment Storage<br><input type="checkbox"/> Garbage/Recyclables Storage<br><input type="checkbox"/> Hand Sinks<br><input type="checkbox"/> Infectious Waste Area<br><input type="checkbox"/> Instrument Cleaning Area/Sink | <input type="checkbox"/> Laundry Facility Area<br><input type="checkbox"/> Personal Storage Area<br><input type="checkbox"/> Sharps Disposal<br><input type="checkbox"/> Toilet Facilities<br><input type="checkbox"/> Utility Mop Sinks<br><input type="checkbox"/> Waiting Area | <input type="checkbox"/> Water Heater Location<br><input type="checkbox"/> Other: |
|---|---|---|

## FACILITY SPECIFIC PROCEDURES

Please submit the following written plans, procedures, and contracts as related to the Facility.

- |  |  |
|--|--|
| <input type="checkbox"/> Aftercare Instructions<br><input type="checkbox"/> Client Consent Form<br><input type="checkbox"/> Infection and Exposure Control Procedure<br><input type="checkbox"/> PDPHE Reporting Log<br><input type="checkbox"/> Removal Plan for Old Instruments (sterilized equipment) | <input type="checkbox"/> Sharps Disposal Contract<br><input type="checkbox"/> Single Use (disposable) Items List<br><input type="checkbox"/> Spore Test Contract<br><input type="checkbox"/> Sterilizer Log (sample) |
|--|--|

## EMPLOYEE DOCUMENTS

Submit current copies of these documents for each employee.

- |   |
|---|
| <input type="checkbox"/> Bloodborne Pathogen Training Certification<br><input type="checkbox"/> Hepatitis B Vaccination Record or Vaccination Declination Statement |
|---|

## HEALTH DEPARTMENT USE ONLY

- |  |  |
|--|--|
| <input type="checkbox"/> Facility Floor Plan/Equipment Layout  | <input type="checkbox"/> Facility Specific Plans, Procedures and Contracts |
| <input type="checkbox"/> Equipment Specifications  | <input type="checkbox"/> Employee Documents                                |
| <input type="checkbox"/> Complete Interior Finish Schedule   |  |
| <input type="checkbox"/> Plan Review \$100 Non-Refundable<br>Additional fees for pre-opening inspections and related activities are billed at \$50/hour. | Application is valid for one (1) year from date of submission.             |
|  | Date Submitted:  |
| Receipt #:   | Staff Initials:  |

Provide a finish schedule with plans or use the table below to indicate interior finishes for each room in the Facility.

**ROOM FINISH SCHEDULE**

Room Name or Number	Floors			Wall Finishes				Ceiling	
	Material	Finish	Type of Base	North	East	South	West	Material	Finish
<i>Procedure Room</i>	<i>Tile</i>	<i>Smooth</i>	<i>Rubber Cove</i>	<i>FRP</i>	<i>FRP</i>	<i>FRP</i>	<i>Stainless</i>	<i>Vinyl Acoustic Tile</i>	<i>Smooth</i>