



COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

Sean Powers, Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170
NEVADA CITY, CA 95959

PH: (530) 265-1222
FAX: (530) 265-9853

Env.Health@co.nevada.ca.us

<http://mynevadacounty.com>

BODY ART FACILITY PLAN REVIEW APPLICATION

SR Number: _____ (To be filled out by Environmental Health)

Name of Business: _____ Phone No. _____

Facility Address: (Street, City, Zip) _____

Facility Owner Name: _____ Phone No. _____

Facility square footage: _____ Number of stations or procedure areas: _____

Indicate the services the facility will be providing:

- Tattooing Permanent Cosmetics Body Piercing Branding Mobile Body Art

CONTACT FOR PLANS:

Name: _____ Phone No. _____

Email: _____ Fax No. _____

BILLING INFORMATION:

Name: _____ Phone No. _____

Address: (Street, City, Zip) _____

OFFICE USE ONLY

Plan Type	PE	FEE	TOWN / CITY PLANS
New Body Art Facility Plan Check	1211	\$544.26 (deposit)	Permit Number:
Time Spent Over Base Deposit	---	\$181.42 / hour	Hold Entered:

NEVADA COUNTY EH / PLANNING DEPARTMENTS

FA # _____ SR # _____ Verified By: _____ Date Paid: _____

PR # _____ Home Oc # _____ Total Fee \$ _____ Receipt # _____

Plan Approved By: _____, REHS Date: _____

PLAN REVIEW CHECKLIST

This is to be used for your reference. All checked items must be included in Plans, either in design or notes.

This checklist will help you prepare the plan submission for your body art facility. **Ensure that the items listed below are clearly shown on the plans.** Two (2) identical sets of plans are required to be submitted to this Department along with an Agreement to Pay form and a plan check fee. Plans must include a floor plan of the layout drawn to scale. Indicate on the plans the scale that was used to draw the plans, e.g. $\frac{1}{4}" = 1 \text{ ft.}$

✓ Check the following items as you include them on the plans.

_____ **Location:** Indicate the name and address of the facility.

_____ **Owner:** Indicate the name and contact number of the owner.

_____ **Rooms:** Identify all rooms in the facility, including procedure rooms, decontamination room (if applicable), janitorial room, restroom, storage room, etc.

_____ **Finish Schedule:** List the finish materials for the floors, walls and ceilings in the procedure rooms, decontamination room (if applicable), janitorial room, restroom and storage room.

ROOM / AREA	FLOOR	COUNTERS/ CABINETS	WALLS	REMARKS
PROCEDURE AREA				
DECONTAMINATION ROOM				
RESTROOM				
WAITING ROOM				
BREAK ROOM				
JANITORIAL				

_____ **Water Heater:** State the make, model number and the location of the hot water heater. Provide the specification sheet for the hot water heater.

_____ **Hand Sink:** Indicate the location of the hand sink (sinks shall be permanently plumbed). There shall be a hand sink inside each procedure area, restroom and decontamination room. A hand sink may be shared by two practitioners as long as it is accessible to both practitioners with no obstacles obstructing its path. Provide locations of hands free soap and paper towel dispenser for all hand sinks.

_____ **Equipment:** Show the locations of all procedure room chairs, tables, counters, supply cabinets, tool boxes, Mayo stands, etc. List the finish schedule for all the equipment used in the procedure room.

_____ **Mop Sink or Cleaning Method:** Show the location of the mop sink or provide a standard operating procedure for the proposed method to sanitize the floor. Ensure that the mop sink faucet has an atmospheric vacuum breaker, as required.

_____ **Sharps Container:** Show the location of the bio-hazard sharps containers.

_____ **Trash Cans:** Show the location of the trash cans, with lids, in the procedure area.

- _____ **Decontamination Room or Disposable Equipment:** Show the location of the decontamination room if using multi-use equipment or indicate that only disposable equipment will be used. Decontamination rooms must have a dirty side and a clean side; they must also have a stainless steel wash sink with hot and cold running water. Indicate the size of the sink (minimum 18" x 18" x 10"). A steam autoclave is also required for a clean room.
- _____ **Separation:** The plans must demonstrate that the waiting area is separate from the procedure area. The procedure area must also be separated (by a floor to ceiling wall) from any hair and nail grooming activities.
- _____ **Privacy Screening:** Indicate the method and materials that will provide privacy for customers when performing discretionary tattoos or piercings (e.g. vinyl screens, painted drywall, etc).
- _____ **Spore Testing:** Spore test result showing the autoclave to be used is operational. Spore test must be recent (less than 30 days old) and sampled according to manufacturer's recommendation. Provide a copy of the service agreement with the testing company and a copy of the log to record results.
- _____ **Specification Sheets:** Provide a copy of the specification sheets for all equipment being used at the facility. Provide the Certificate of Sterilization for disposable tools and needles.
- _____ **Sharps:** Provide a copy of the bio-medical waste company disposal contract or mail-back service contract.
- _____ **Infection Prevention Control Plan (IPCP):** Provide a copy of the IPCP.
- _____ **Client Forms:** Provide a copy of the medical questionnaire, consent form and aftercare instructions.
- _____ **Logs:** In addition to any logs listed above, provide a copy of the facilities sterilization log, training log, single use disposable equipment log.
- _____ **Zoning:** Provide proof of compliance with local business and zoning requirements.
- _____ **Practitioners:** Provide a list of all practitioners of the facility.

Instructions after your plans are approved:

Once the plans are approved, equipment may be purchased and construction may begin. When construction is complete, contact this Department to schedule the final construction of the facility. Ensure to have soap and paper towels stocked in the dispensers and adequate hot and cold water in the facility. All equipment and supplies, including autoclave, should be ready and available for inspection. Once the facility passes the final construction inspection the following shall be submitted:

- Apply for a Body Art Facility Certificate of Operation and pay all applicable fees
- All practitioners shall apply to be registered as a Body Art Practitioner, pay applicable fees and receive approval from this Department prior to operating in the facility.