



PLAN REVIEW AND APPROVAL FOR BODY ART ESTABLISHMENTS

INTRODUCTION

This information packet describes the requirements to open a body art establishment. A copy of the "State of Delaware Regulations Governing Body Art Establishments" is included:

Submit the following to:

Office of Engineering
43 S. Dupont Highway
Dover, DE 19901
Phone No. (302) 741-8640
Fax No. (302) 741-8631

- 1. One completed Application for Body Art Establishments**
- 2. One completed Information Sheet for Body Art Establishments**
- 3. Equipment schedule:**
 - **Specify manufacturers and model numbers.**
 - **Correlate equipment to floor plans.**
- 4. Two copies of the proposed plans for the entire facility (drawn to scale ¼"=1')**

Plans will be reviewed within thirty (30) days in the order they are received. If further information is needed you will be notified. For applicants who wish to apply in person, an appointment is required. Pre-operational inspections are required before the issuance of the operating permit and commencement of body art establishment operations.

No construction or alteration shall commence prior to Certificate of Approval issuance.

No body art operations are approved prior to satisfactory pre-operational inspection.



**INFORMATION SHEET
BODY ART ESTABLISHMENTS**

IDENTITY OF PLANS

Name of Body Art Establishment _____

Address of Body Art Establishment _____

Phone _____

Applicant _____

Address of Applicant _____

Phone _____

Plan Review for _____ New Construction _____ Conversion
 _____ Renovation

Indoor Areas (82.301.2)

Floors _____ (list materials)

Smooth, easily cleanable? _____ Yes _____ No

Solid Partitions, floor-to-ceiling? _____ Yes _____ No

Separate from food prep, hair salon & private residences? _____ Yes _____ No

Ceilings _____ (list materials)

Smooth, easily cleanable? _____ Yes _____ No

Chairs, benches and other procedural surfaces smooth, easily cleanable?

_____ Yes _____ No

Outer Openings (82.301.3)

Protection at entrance from insects, rodents and vermin? _____ Yes _____ No

Space (82.301.4)

45 square feet of procedure space per operator? _____ Yes _____ No

Screening for client privacy? _____ Yes _____ No

Partitions, curtains, dividers for multiple body art stations? _____ Yes _____ No.



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Lighting and Ventilation (82.301.5)

Artificial light source of 20 footcandles at 3 ft. above floor? Yes No
Artificial light source of 100 footcandles at level where body art procedure is performed? Yes No

Animals (82.301.6)

Live animals excluded from procedure areas? Yes No

Handwashing and Toilets (82.301.7)

Handsink with hot/cold running water? Yes No
Wrist or foot controls (preferred over hand controls) on handsinks? Yes No
Soap, towels and trash receptacle at handsink? Yes No
One handsink for every three operators? Yes No
Minimum of one toilet and lavatory? Yes No

Waste Receptacles (82.301.8)

Waste receptacle at each operator station? Yes No
Waste receptacle in toilet room? Yes No
Refuse containers cleanable? Yes No
Receptacles in operator areas emptied daily? Yes No
Solid waste removed from premises weekly? Yes No

Supplies (82.301.9) (82.301.10)

Instruments and supplies stored in clean, dry, covered containers?
 Yes No
Washer and dryer on premises? Yes No
Reusable cloth items machine washed with detergent and dried after each use?
 Yes No
Utilization of processing launderer? Yes No
Cloth items stored in a clean, dry place until used? Yes No
Soiled items stored separately from clean items? Yes No

Sterilization (82.305.3)

Access to steam autoclave for sterilization? Yes No
Sterilizer located away from work or public areas? Yes No
Access to ultra sonic unit? Yes No
Non single-use, non-disposable instruments cleaned and sanitized after each use?
 Yes No



BODY ART ESTABLISHMENTS

OPERATING CHARACTERISTICS

1. Total square footage of body art establishment premises: _____ sq. ft.
2. Number of floors where body art procedures are performed: _____ floor(s)
3. Type of body art procedures performed:

_____ Tattoo	_____ Scarification
_____ Ear piercing	_____ Subdermal implants
_____ Body piercing	_____ Liplines/lidlines
_____ Braiding	_____ Tattoo removal
_____ Other (specify)	
4. Number of operator stations: _____
5. Hours of operation:

_____ Sunday	_____ Monday
_____ Tuesday	_____ Wednesday
_____ Thursday	_____ Friday
_____ Saturday	
5. If seasonal, specify approximate dates of operation:
From _____ To _____



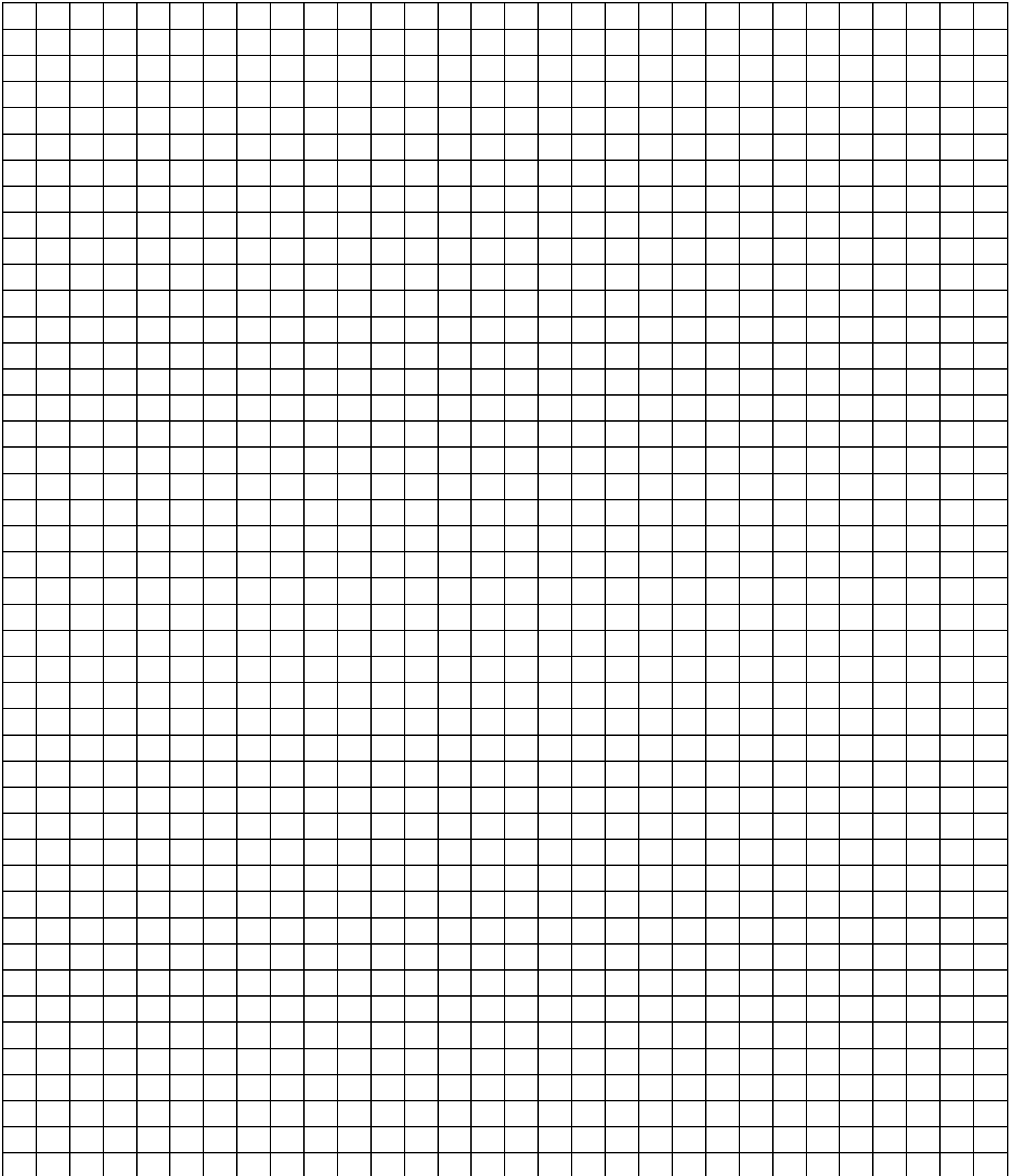
**DELAWARE HEALTH AND
SOCIAL SERVICES**
Division of Public Health
Environmental Health Field Services

Submit to:
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43 S. Dupont Highway
Dover, DE 19901
Phone: (302) 741-8640 Fax: (302) 741-8631

BODY ART ESTABLISHMENT EQUIPMENT SCHEDULE

NAME OF BODY ART ESTABLISHMENT			DATE: ____ / ____ / ____
SUBMITTED BY:			
ITEM #	ITEM DESCRIPTION	MANUFACTURER	MODEL #
1			
2			
3			
4			
5			
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7			
8			
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15			
16			
17			
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19			
20			

(USE ADDITIONAL SHEETS, IF NECESSARY, TO CONTINUE EQUIPMENT SCHEDULE)



BODY ART ESTABLISHMENT FLOOR PLAN & EQUIPMENT LAYOUT

Scale $\frac{1}{4}$ " = 1 foot
(If other scale, notify: _____)

BODY ART ESTABLISHMENT _____ Submitted by: _____