



Body Art Facility

CHECKLIST FOR OPENING A FACILITY

Submit plans and specs for approval before opening; incomplete applications will not be reviewed.

The plan review fee and the facility permit fee can be found at swuhealth.gov/fees.

PLANS MUST INCLUDE:

- Plan review fee payment.
- Scaled **drawing and floor plan** of the proposed facility:
 - Construction material and wall/floor colors.
 - Ventilation details provided in the facility.
 - Location of:
 - Waiting area.
 - Furniture, including material and placement of tattoo chairs/beds.
 - Light sources.
 - Hand washing sinks.
 - Water heater(s) specifying location, size, and type.
 - Waste receptacles.
 - Storage for instruments and supplies.
 - Toilet room with hand washing sink (door must be self-closing).
- Pest management plan.
- Details on disposal of contaminated waste, including items soiled with bodily fluids and sharps.
- Cleaning and disinfection protocol for all utilized surfaces, floors, and reusable equipment that are not able to be autoclaved (e.g., tattoo machine, work tray, squeeze bottles, etc.).
- List all inks, pigments, needles, topical anesthetics, disinfectants, and equipment that will be used, including manufacturer and model numbers; comprehensive jewelry details are not necessary, but manufacturer and **material information is required**.
- Client consent and disclosure forms, including parental or guardian consent forms.
- Aftercare instructions for each body art service that is provided.
- Sterilization record form(s). Details for this form can be found on the [Body Artist Application Checklist](#).
- If using an autoclave, include:
 - Equipment manuals for autoclave/sterilizer and ultrasonic cleaner/automated instrument washer, including make and model.
 - Spore testing plan.
 - Disinfection/sterilization plan for reusable instruments, including cleaning steps and instrument dating.
 - Location of:
 - Autoclave/sterilizer and ultrasonic cleaner/automated instrument washer.
 - Instrument washing sink on the facility floor plan.



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 260 East D.L. Sargent Dr., **CEDAR CITY** 84721 – (435) 586-2437
 445 N. Main, **KANAB** 84741 – (435) 644-2537
 P.O. Box 374, 601 E. Center, **PANGUITCH** 84759 – (435) 676-8800
 P.O. Box G, 75 West 1175 North, **BEAVER** 84713 – (435) 438-2482
www.swuhealth.gov

Body Art Facility Operation Application

Before opening, contact the Health Department for a pre-opening inspection.

Artists must have a permit from the Southwest Utah Public Health Department.

Applicant Name: _____ Applicant Phone: _____ - _____ - _____

Mailing Address: _____
 _____ City _____ Zip

Business Name: _____ Business Phone: _____ - _____ - _____

Business Address: _____
 _____ City _____ Zip

Business Email: _____

Business Type: Individual Corporation Owner Operator Legal Owner Partnership

Names of all employees and their exact duties (**any changes require** Health Department notification):

1. _____
2. _____
3. _____
4. _____
5. _____

Description of all body art services to be provided: _____

I have reviewed and ensured that all procedures and techniques in my business comply with the Southwest Utah Public Health Department’s Body Art Regulation. I agree to adhere to these requirements.

Applicant Signature: _____ Date Signed: _____

HEALTH DEPARTMENT USE ONLY	
Signature of Health Department Inspector: _____	Date: _____
Plan Review Fees Received: \$ _____	Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Rejected