



CHECKLIST FOR OPENING A BODY ART FACILITY

Please submit plans and specifications to the Health Department for review and approval prior to opening.
INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

Permit fees can be found at swuhealth.gov/fees. **Fees are non-refundable.**

- ☐ Submit a scale drawing and floor plan of the proposed facility and pay plan review fee. The plans should include the following:
 - ☐ Construction material and color of walls and floors
 - ☐ Location and material of all furniture, including tattoo chairs/beds
 - ☐ Location of light sources
 - ☐ Ventilation provided in the facility
 - ☐ Location of all hand washing sinks
 - ☐ Location, size, and type of water heater(s)
 - ☐ Location of all waste receptacles
 - ☐ Location of storage for all instruments and supplies
 - ☐ Location of toilet room with hand washing sink (door must be self-closing)
- ☐ Submit a pest management plan for the facility
- ☐ Submit plans detailing how contaminated waste will be disposed of, including all items soiled with bodily fluids and all sharps
- ☐ Submit a cleaning and disinfection plan for all utilized surfaces, floors, and reusable equipment that cannot be autoclaved (e.g. tattoo machine, work tray, squeeze bottles, etc.)
- ☐ Submit a list of all inks, pigments, needles, topical anesthetics, disinfectants, and other equipment used, including manufacturer and model numbers. A comprehensive list of all jewelry is not needed; however, manufacturer and material information are required
- ☐ Submit a copy of client consent and disclosure forms, including parental/guardian consent form(s)
- ☐ Submit a copy of aftercare instructions for each body art service to be offered
- ☐ Submit a plan for how the facility will meet the requirements for sterilization record-keeping, or a form for including that information with each client consent and disclosure form.
- ☐ If using an autoclave, include the following:
 - ☐ Location of autoclave/sterilizer and ultrasonic cleaner/automated instrument washer on the facility floor plan
 - ☐ Location of instrument washing sink on the facility floor plan
 - ☐ Equipment manual, make, and model of autoclave/sterilizer and ultrasonic cleaner/automated instrument washer
 - ☐ Spore testing plan
 - ☐ A disinfection and sterilization plan covering all reusable instruments, cleaning steps, instrument dating



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Owner Name: _____ Phone: (_____) _____

Mailing Address: _____
City State Zip

Name of Facility: _____ Phone: (_____) _____

Facility Address: _____
City State Zip

Facility Email Address: _____

☐ Corporation ☐ Individual ☐ Legal Owner ☐ Owner Operator ☐ Partnership

Complete description of all body art services to be provided: _____

Please read the following statements. By initialing below, you agree that you have read and understand each statement.

_____ Initial The facility owner has reviewed the Utah Administrative Rule R392-701 for Body Art Facility Sanitation and agrees to comply with all requirements.

_____ Initial All procedures and techniques utilized in the business operation meet or exceed the requirements of R392-701. It is understood that operating in a manner inconsistent with the requirements of this rule may result in revocation of the permit to operate.

_____ Initial The facility owner/operator is understood to be responsible for the following:

- ensuring proper facility sanitation and maintenance;
- the requirements for record-keeping are met;
- the body artists working in the facility understand and have the ability to meet minimum sanitation standards;
- if the facility utilizes on-site sterilization, all body artists who work in the shop and perform on-site sterilization comply with the minimum requirements for sterilizing, packaging, and storing re-usable items and equipment.

_____ Initial An inspection of the facility is required prior to opening. It is the responsibility of the facility owner to contact the Health Department when the facility is ready for the pre-opening inspection. As part of the pre-opening inspection, a sanitation demonstration by the owner is required in order to meet the minimum requirements of R392-701-17(4).

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Sanitation Demonstration PASS/FAIL: _____ Date: _____

Signature of Health Department Inspector: _____ Date: _____

Fees Received: \$ _____ ☐ Approved ☐ Rejected

Initials