



# Northeast Health District

## Body Tattoo/Body Piercing Establishment

### Plan Review

Date: \_\_\_\_\_

Type of Establishment: (circle one) Tattooing      Piercing      Both

Are you a: (circle one) New      Existing

Existing with new ownership

Existing remodel

Name of Establishment: \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Number of Operator Stations \_\_\_\_\_ Square Feet per Station \_\_\_\_\_ Total Square Feet of Facility \_\_\_\_\_

Water Supply (Public / Well)      Sewage Disposal ( Public / Septic )

Day(s) of Operation: S M T W TH F SA      By appointment: Y    N

Hours of Operation \_\_\_\_\_ to \_\_\_\_\_

Number of operators is the facility designed for \_\_\_\_\_

Number of operators working in the facility at opening \_\_\_\_\_

Type of services provided \_\_\_\_\_

**IF OPENING A NEW FACILITY OR REMODELING CURRENT ONE:**

Date Construction will begin: \_\_\_\_\_

Date of Planned Opening: \_\_\_\_\_

## Facility Requirements

1. Body Tattoo/Body Piercing establishments shall not be allowed in the same facilities used for human habitation, any food service establishment, retail sales area, hotel room or similar areas. This does not prohibit Body Tattoo/Body Piercing operations in areas completely separated by walls and doors of these or other businesses.
2. The Body Tattoo/Body Piercing establishments shall have self-closing doors and windows equipped with screens in good repair if the windows are intended to be used for ventilation.
3. Each establishment where Body Tattoo/Body Piercing procedures are administered shall provide a work area separate from observers or visitors.
4. There shall be a minimum of 45 square feet of floor space for each Body Tattoo/Body Piercing operator procedure area in the facility.
5. Floors and floor coverings of all work areas, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth, nonabsorbent, durable material and maintained in good repair. Carpeting is allowed in the lobby area only and shall be of closely woven construction properly installed, easily cleanable and maintained in good repair.
6. Walls must be painted, covered, or sealed in a manner which would allow for easy and effective cleaning. Ceilings shall be maintained in good repair allowing for easy and effective cleaning.
7. All procedure surfaces in the procedure area, including client chairs, tables, benches, and counters shall be smooth, free of open holes or cracks, washable and in good repair. All procedure surfaces, including client chairs, tables, benches, and counters shall be of such construction as to be easily cleaned and disinfected after each use/between clients.
8. The facility shall be well-ventilated and provided with an artificial light source equivalent to at least ten (10) foot candles thirty (30) inches off the floor, except that fifty (50) foot candles shall be provided at the level where the Body Tattoo/Body Piercing procedures are being performed, and where instruments and sharps are handled, assembled, or washed. Spot lighting may be utilized to achieve this required degree of illumination for the purpose of conducting Body Tattoo/Body Piercing procedures.
9. A wrist-action or foot pedal-operated hand sink shall be provided for each private workstation and for every two adjacent workstations. Hand sinks shall be no more than fifteen (15) feet of unobstructed distance from any workstation. Obstructions include, but are not limited to, doors. Establishments in operation prior to the adoption of these rules and regulations shall have a hand sink located within thirty-five (35) feet of each workstation.
10. There shall be a minimum of one toilet facility in a Body Tattoo/Body Piercing establishment.

11. At least one janitorial sink or one curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste.
12. A Body Tattoo/Body Piercing establishment shall have a separate room or area for the sole purpose of cleaning, disinfecting and sterilizing. This area shall be separated from the remainder of the facility by a minimum of a wall, nonabsorbent curtain, or approved partition and shall be an area that does not allow client access. The cleaning, disinfecting, and sterilizing area shall be organized to prevent cross-contamination of clean, disinfected or sterile equipment with dirty equipment. In establishments that only tattoo, the requirement for an ultrasonic cleaning unit and autoclave may be waived if the establishment only stores and uses commercially purchased sterile single use disposable tattoo instruments.
13. All sinks in the Body Tattoo/Body Piercing establishment shall only be used for their designated purpose.
14. All chemical or cleaning supply containers shall be properly labeled.
15. At least one covered waste receptacle shall be provided in each Body Tattoo/Body Piercing procedure area and each toilet room. Each receptacle shall have a lid and the lid shall be kept closed at all times. Waste receptacles in the Body Tattoo/Body Piercing procedure area(s) shall be emptied daily and solid waste shall be removed from the premises at least weekly. All waste receptacles shall be cleanable and kept clean, and capable of being disinfected.
16. Sharps disposal containers shall be made available to any area where needles and sharps are used. These containers must specifically be designed for the storage of sharps and labeled with the universal biohazard symbol or color-coded.
17. No animals of any kind shall be allowed in the Body Tattoo/Body Piercing establishment except service animals used by persons with disabilities. However, this exclusion does not apply to fish in aquariums.
18. Effective measures shall be taken by the owner or operator of the Body Tattoo/Body Piercing establishment to protect against the entrance, harborage, and feeding on the premises of insects, vermin, and rodents. Insects, vermin, and rodents shall not be present in any parts of the establishment.
19. For new Body Tattoo/Body Piercing establishments and for Body Tattoo/Body Piercing establishments undergoing renovation, an 8 ½ X 11 or larger scale drawing and floor plan of the proposed facility or the proposed renovation of the facility shall be submitted to the local health department responsible for Body Tattoo/Body Piercing establishment inspection for the jurisdiction in which the Body Tattoo/Body Piercing establishment will be/is located. This drawing shall show the accurate placement of each of the following items: windows, doors, room measurements, chairs, tables, sinks, bathrooms, work stations, cleaning room, waiting area, and equipment placement for clients and/or staff. This scale drawing and floor plan shall be submitted at least 14 days prior to construction or remodeling of any new Body Tattoo/Body Piercing establishment. A pre-opening inspection of the premises will be required before Body Tattoo/Body Piercing services can be performed in this new facility/renovated area.

21. Water supply/Plumbing.

- (1) The water system shall comply with the requirements of the local health authority.
- (2) Plumbing shall be sized, installed, and maintained according to local codes, and designed to prevent cross-connection with the water system.
- (3) Sinks, lavatories, drinking fountains, and other water outlets shall be supplied with safe water, sufficient in quantity and pressure, to meet conditions of peak demand.

22. Sewage disposal.

- (1) Sewage and other water-carried wastes shall be disposed of through an approved municipal or private sewer system.
- (2) Private sewer/septic systems shall be designed and operated to safely dispose of all wastewater generated, shall be adequate in size for the projected use and meet the criteria of the environmental health department.

23. Adherence to the above Requirements for Body Tattoo/Body Piercing Establishments **does not** relieve the owner/operator of a licensed Body Tattoo/Body Piercing establishment from the responsibility for securing a local permit or complying with applicable local codes, regulations, or ordinances that are in addition to the Requirements for Body Tattoo/Body Piercing Establishments.

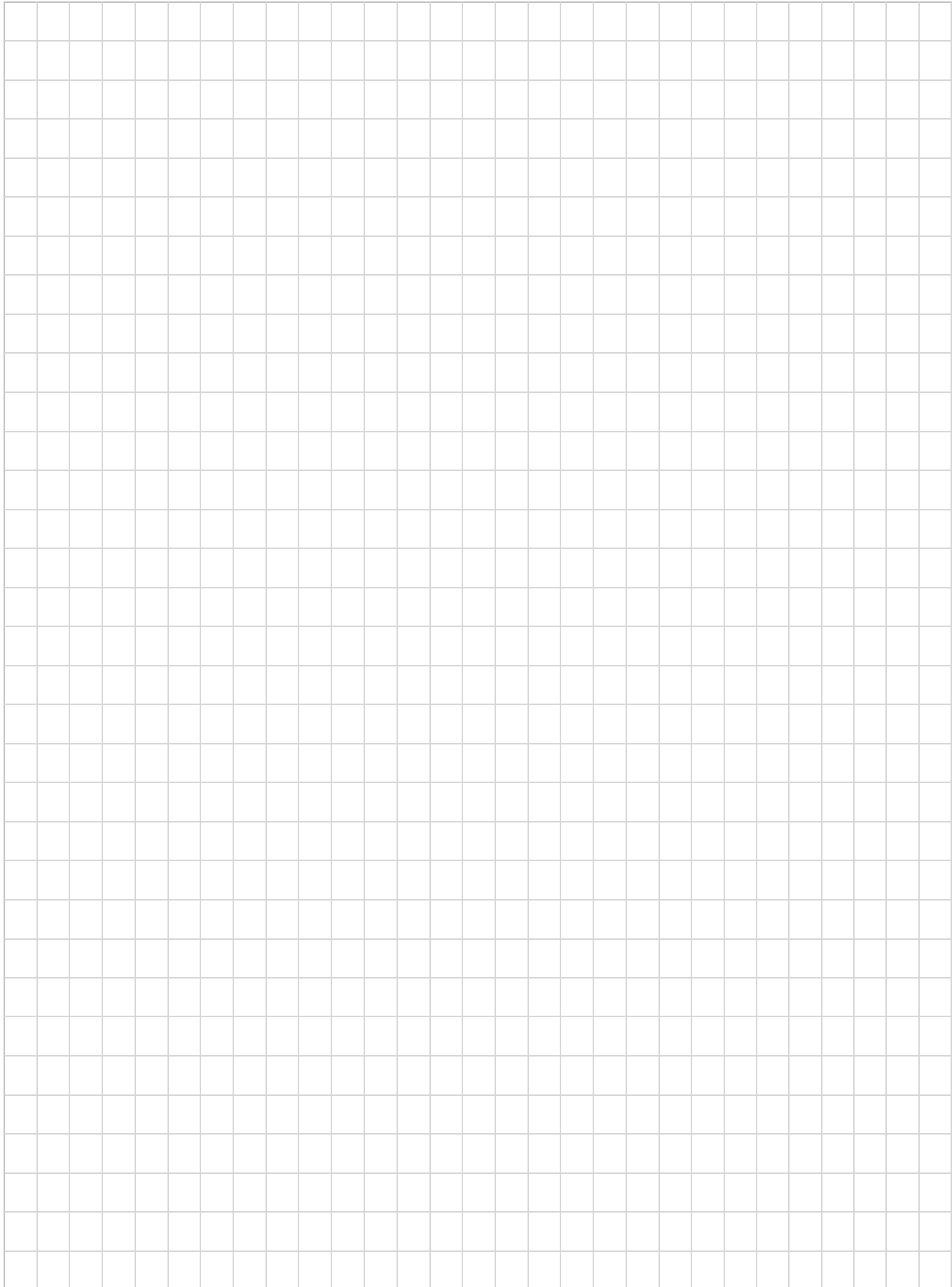


**Establishment Name:** \_\_\_\_\_

Floor Plan & Equipment Layout- Scale 1/4" = 1foot (If other scale, specify: \_\_\_\_\_)

Submitted by: \_\_\_\_\_

Date \_\_\_\_\_





# Northeast Health District

## Body Tattoo/Body Piercing Establishment

### Permit Application Guidelines

The following guidelines are intended to provide guidance and assistance for individuals requesting a Body Tattoo/ Body Piercing **Establishment Permit**. These guidelines should be reviewed along with the current “Rules and Regulations Body Tattoo/Body Piercing Establishments and Operators,” which can be obtained on our district website at [www.publichealthathens.com](http://www.publichealthathens.com) or by contacting the local County Health Department’s Environmental Health Section.

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#### **Application process**

##### ➤ ***Permit application***

Contact the local County Health Department’s Environmental Health office in order to obtain an application for a Body Tattoo/ Body Piercing permit. Complete written application and submit along with required documentation and all applicable fees.

#### **Required documentation for application/permit approval**

##### ➤ ***Establishment floor plan and design requirement***

Each application for a permit shall be accompanied by an 8 ½” x 11” or larger page containing a detailed floor drawing to scale of the Establishment. Such drawing shall show the accurate placement of each of the following: windows, doors, room measurements, chairs, tables, sinks, bathrooms, work stations, cleaning room, waiting area, and equipment placement for clients and/or staff. This scale drawing and floor plan shall be submitted at least 14 days prior to construction or remodeling of any new Body Tattoo/Body Piercing establishment. A pre-opening inspection of the premises will be required before Body Tattoo/Body Piercing services can be performed in this new facility/renovated area. Specification sheets must be submitted for all equipment.

##### ➤ ***Written documentation of policies and standard operating procedures***

Prior to being granted a permit, each Body Tattoo/ Body Piercing Establishment shall develop a written statement of policies and standard operating procedures including:

Sterilization	Record keeping
Sanitizing areas and equipment between clients	Disposal of waste
Aftercare procedures	Emergency sterilization procedures
Employee health	Client screening

##### ➤ ***Employee documentation***

Provide a list of all employees who will be working in the studio (include full legal name and employee position) and documentation for each employee in relation to completion of training in Blood Borne Pathogens/Universal Precautions and Basic First Aid/CPR Certification. Provide documentation for the acceptance or contraindication for each employee concerning Hepatitis B Vaccination.

##### ➤ ***Compliance with local laws/ordinances***

Provide documentation for compliance with local zoning, certificate of occupancy, business license, etc., if applicable.

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#### **Northeast Health District, Environmental Health Section Contact Information**

Barrow (770)-307-3502  
Clarke (706)-583-2658  
Elbert (706)-283-3453

Greene (706)-453-0965  
Jackson (706)-367-3643  
Madison (706)-795-2131

Morgan (706)-752-1266  
Oconee (706) 769-7060  
Oglethorpe (706) 743-7201

Walton (770) 267-1430  
District Office (706) 583-2854



## Northeast Health District

### Body Tattoo/Body Piercing Establishment

#### Permit Application

#### Owner Information

#### Type of Application

New  Renewal

#### Procedures Offered

Tattooing  Piercing

First Name:	Middle Name:	Last Name:
Residence Address		
Street Address:		
City:	State:	Zip Code:
Mailing Address (if different from street address)		
Street Address:		
City:	State:	Zip Code:

#### Establishment Information

Name of Establishment:		
Establishment Address		
Street Address:		
City:	State:	Zip Code:
Mailing Address (if different from street address)		
Street Address:		
City:	State:	Zip Code:
Contact Information		
Phone:	E-mail:	

#### Application Statement of Consent

I understand that this permit is valid only in the county of application and expires on June 30th after the date of issue.

I have received a copy of the Rules and Regulations for Body Tattoo/Body Piercing Establishments and Operators as provided by the Northeast Health District and understand the obligations and requirements imposed upon a permitted Body Tattoo/ Body Piercing Establishments. I have also received applicable requirements as provided by the Official Code of Georgia, Title 31-40 (1-9), Title 16-12-5, and Title 16-5-71.

I further understand that it is my responsibility to ensure that an individual Body Tattoo/ Body Piercing Operator working in this establishment have a valid operator permit and comply with all applicable health, safety, sanitization, sterilization, and work practice requirements as specified in the current regulations.

I hereby certify that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name (print) \_\_\_\_\_





# **Northeast Health District**

## **Body Tattoo/Body Piercing Operator**

### **Permit Application Guidelines**

Applicant must be a minimum of **18** years of age and provide proof of date of birth.

The following guidelines are intended to provide guidance and assistance for individuals requesting a Body Tattoo/ Body Piercing **Operator Permit**. These guidelines should be reviewed along with the current “Rules and Regulations of Body Tattoo/ Body Piercing Establishments and Operators,” which can be obtained on our district website at [www.publichealthcathens.com](http://www.publichealthcathens.com) or by contacting the local County Health Department’s Environmental Health Section. It should be noted that in order to be eligible for consideration for a Body Tattoo/ Body Piercing Operator Permit you must provide proof of employment at a currently permitted Body Tattoo/ Body Piercing Establishment.

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### **Application process**

#### **➤ Operator Permit application**

Contact the local County Health Department’s Environmental Health office in order to obtain an application for a Body Tattoo/ Body Piercing Operator Permit. Complete written application and submit along with required documentation and all applicable fees.

### **Required documentation for Body Tattoo/ Body Piercing Operator Permit**

Prior to being granted a permit, each operator shall provide:

- Proof of age
- Photo Identification
- Proof of employment at a Body Tattoo/ Body Piercing Establishment
- Proof of completion of Departmental exam
- Proof of completion of Basic First Aid/CPR training
- Proof of completion of OSHA approved Bloodborne Pathogens/Universal Precautions training
- Proof of current vaccination status for Hepatitis B or documentation of contraindication to receive vaccination

### **Northeast Health District, Environmental Health Section Contact Information**

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Elbert (706)-283-3453  
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Greene (706)-453-0965  
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Morgan (706)-752-1266  
Oconee (706) 769-7060  
Oglethorpe (706) 743-7201  
Walton (770) 267-1430



# Northeast Health District

## Body Tattoo/Body Piercing Operator

### Permit Application

### Operator Information

#### Type of Application

New       Renewal

#### Procedures

Tattooing       Piercing

First Name:	Middle Name:	Last Name:
Age:	Date of Birth:	SS# (last 4 Digits Only):
Residence Address		
Street Address:		
City:	State:	Zip Code:
Mailing Address (if different from street address)		
Street Address:		
City:	State:	Zip Code:
Contact Information		
Phone:	E-mail:	

### Establishment of Employment Information

Name of Establishment:		
Establishment Address		
Street Address:		
City:	State:	Zip Code:
Establishment Owner		
First Name:	Last Name:	

### Application Statement of Consent

I understand that this permit is valid only in the county of application and expires on June 30<sup>th</sup> after the date of issue. I also understand that this permit is valid only under the above Body Tattoo/ Body Piercing Establishment and is not transferable to another facility.

I have received a copy of the Rules and Regulations for Body Tattoo/ Body Piercing Establishments and Operators as provided by the Northeast Health District and understand the obligations and requirements imposed upon a permitted Body Tattoo/ Body Piercing Establishment. I have also received applicable requirements as provided by the Official Code of Georgia, Title 31-40 (1-9), Title 16-12-5, and Title 16-5-71.

I further understand that it is my responsibility to comply with all applicable health, safety, sanitization, sterilization, and work practice requirements as specified in the current regulations.

I hereby certify that to the best of my knowledge the information provided on this application is complete and accurate and in no way misrepresented.

Artist Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name (print) \_\_\_\_\_