

Body Art Facility Plan Review Application

All new or extensively remodeled body art facilities in Eau Claire County must submit one copy of scaled floor plans, an equipment list with specification sheets, and the intended scope of practice for new structures or major remodeling of present structures. These items must be submitted and approved by the Health Department along with the plan review fee as required in section 6-0.070D of this regulation, in advance of construction. Plan review fees will be assessed and if operators have been found to have built new or extensively remodeled without a plan review submission and approval then they shall be subject to a plan review fee as well as a penalty fee equal to that of the plan review fee.

THE DEPARTMENT WILL NOTIFY THE ESTABLISHMENT'S LOCAL CONTACT WITHIN 10 BUSINESS DAYS OF SUBMITTAL IF THE PLANS ARE INCOMPLETE AND CANNOT BE REVIEWED. THE DEPARTMENT WILL REVIEW APPLICATIONS WITHIN 20 BUSINESS DAYS FROM NOTIFICATION THAT THE APPLICATION IS COMPLETE. IT IS STRONGLY ENCOURAGED THAT ESTABLISHMENTS SCHEDULE A PRE-PLAN REVIEW MEETING BY CALLING 715-839-4718 PRIOR TO SUBMITTAL. BOTH A PRE-INSPECTION AND WRITTEN APPROVAL ARE REQUIRED PRIOR TO THE START OF AN OPERATION AND THE GRANTING OF A LICENSE. BE ADVISED, REGULATIONS ARE SUBJECT TO CHANGE. ANY CHANGES IN PLANS THAT HAVE NOT BEEN REVIEWED MUST BE RESUBMITTED FOR REVIEW AND APPROVAL BY THE HEALTH DEPARTMENT.

<u>Provid</u>	Provide a floor plan, drawn to scale, that includes the following:						
	Client reception area						
	Employee storage/break area						
	Restrooms						
	Hand wash sinks						
	Sinks for cleaning equipment						
	Mop sink						
	Procedural areas						
	Equipment storage areas						
	Personal separated living space						
	Any separate business space accessible to the establishment						
Required Licensure (Establishment and Practitioner)							
•	 Health Department Establishment License (issued by the Eau Claire City-County Health Department as an agent of the State – on Health Dept. Letterhead) 						
•	 State of Wisconsin Artist License (must be paid to and obtained from the State of Wisconsin) 						
	 https://dsps.wi.gov/Credentialing/Health/fm3173.pdf 						
•	Body art education verification certificate (for new artists)						
•	All licenses mentioned above must be posted on-site.						
Practitioner License Requirements							
1.	Must be 18 years old						
2.	Pay license fee						
3.	Provide proof of education (hours of experience and blood-borne pathogen training)						

4. Pay education verification fee

Establishment Information:									
New Facility Existing Facility Remodel (check if a building permit is required)									
☐ City of Eau Claire ☐ E au Claire County									
Name of Establishment:									
Address:									
City:	State:	Zip Code:	County: Eau Claire						
Phone #:	E-mail Address:								
Operator Information:									
Name:									
Address:									
City:	State:	Zip Code:	County:						
Daytime Phone #:		E-mail Address:							
Type of Facility: (check all that ap	ply)								
☐ Tattoo	Piercing		Branding						
Scarification	Permanent Cosmetics		Other						
How many body artists is this facility being designed for?									
How many body artists will be w	orking in this fac	ility at time of openin	g?						
What are the scheduled hours of	f operation at tin	ne of opening?							
Water/Sewer (check all that apply)									
Private water Private sewer									
☐ Municipal water ☐ Municipal sewer									
Waste Disposal									
Name of trash disposal service:									

Name of sharps/biohazard disposal service/location:										
How will equipment be sterilized?										
On-site autocl	ave	☐ F	☐ Pre-sterilized disposable ☐ Combination of both							
If using pre-sterilized disposable equipment, has a variance from the state been obtained?										
☐ Yes ☐ No										
How will verification of autoclave functioning be maintained?										
Health Dept. s (monthly)	spore tests		Private testing company N/A (monthly)							
Equipment and Supplies: Fill in all that applies to the establishment.										
Equipment		r	Make/Model		ipplier					
Ex. Disposable gloves		Nitrile			al-drug					
Ex. Autoclave		Sani-clav	re 4000	Ac	cme distributors					
Autoclave										
Ultrasonic										
Disposable glove	!S									
Tattoo Ink										
Piercing jewelry										
Aftercare dressir	ngs									
Disposable equip	ment									
(needles, tubes,	etc.)									
Chemicals for cleaning										
Finishes: All finishes in procedural areas must be smooth, durable, and easily cleanable. Carpeting in procedural areas is prohibited. Please list finishes below and provide samples if requested.										
	Exar	nple	Reception Area		Procedural Areas					
Floors Linoleu		1								
Walls	Painted [Drywall								
Coving Rubbe		ase cove								
Ceilings	Smooth I	Panel								
Workstations in procedural areas	Stainless	Steel								

Aftercare

Attach a written sample of aftercare instructions for clients. It must include:

- Proper cleansing of the area
- Consulting a health care provider for any of the following
 - Unexpected redness, tenderness, or swelling at the site of the body art procedure
 - Any rash
 - Any unexpected drainage at or from the site of the body art procedure
- The name, address, and phone number of the establishment

Provide Standard Operating Procedures (SOPs) for the following:

- Sick employee policy
 - o How will sick employee issues be addressed?
- Alcohol and drug use policy
 - O What is the policy for alcohol and drug use for employees and clients?
- Proper hand washing and drying
 - O How will proper hand washing and drying be ensured?
- Good hygienic practices
 - What other steps will the shop take to ensure proper hygienic practices?
- Skin prep
 - O What is the process for skin prep before a procedure?
- Infection control
 - What processes are in place to reduce risk of infection and address infection if one occurs?
- Sterilization of equipment
 - How is equipment sterilized and verified? (package labeling, autoclave testing, log books, single use equipment)