



Plan Review Application for Tattooing or Piercing

If you have questions or need further assistance please contact us. Please mail, email or deliver application to:
 RiverStone Health - Environmental Health Services
 123 South 27th Street Billings, MT 59101
 Phone: 406-256-2770 Fax: 406-256-2767 www.riverstonehealth.org

Establishment Description (check all that apply):

- Tattooing Permanent Cosmetics Body Piercing Ear Lobe Piercing Only
 New construction Remodel Existing facility Mobile
 Temporary (not more than 14 days at one location)
 Temporary Event Date(s) _____ Event Name _____

Applicant Information:

Licensee Legal Name _____ Tattooist Piercer Owner
 Age _____ Date of Birth _____ Photo ID # _____
 Business Phone _____ Cell Phone _____ E-mail _____
 Home Mailing Address: _____

Training Certification Dates: _____ Total number of artists* _____
 Bloodborne Pathogen expires: _____ (*All artists must submit separate applications
 Basic First Aid expires: _____ if not previously licensed)
 Sanitation Quiz passed: _____

Establishment Information:

Name _____
 Location Address _____ City _____
 Mailing Address (if different than above) _____
 City _____ State _____ Zip Code _____
 Water supply: Public, City of _____ Private*
 Sewage treatment: Public, City of _____ Private, permit # _____

The following items must be included with this application:

- Plan review fee (new establishments only): full service shop \$75 or ear lobe piercing only \$50
- Photo ID copy
- Consent form and client record form(s) **(must meet ARM 37.112.1, see page 5 for requirements)**
- Floor plan (layout of work rooms, waiting areas, bathrooms, sinks, doors, stairs, autoclave area, etc.)
- Post Exposure Plan (needle stick procedure)
- Spore test results from certified lab (if autoclave used)
- *Water test results from certified lab (if not connected to a public water supply system)
- Training certificates in Basic First Aid, Bloodborne Pathogens & Sanitation Quiz
- Written approval from Zoning, Building and/or Fire for new facilities or facilities with a change in use

Business Manager or Other Contact Person (if applicable)

Name _____ Title _____

Phone _____ E-mail _____

**Please make a ✓ (check mark) next to all items verified.
If an item does not apply, then write "N/A" (not applicable).**

General Facility Requirements

- All areas with client access are clean, free of unnecessary items, dust and fumes
- All other adjacent rooms are adequately separated, free of insects and rodents, and not a source of airborne hazardous chemicals or fumes
- Light is adequate throughout facility
- Private living or sleeping rooms are separated by solid self-closing doors

Water Supply

- Supply has adequate pressure and volume
- Water supply not a municipal (city) system, testing requirements apply. Ask for more information.
- Water not suitable for drinking is labeled "not for human consumption"
- No hose is attached to a faucet without a backflow prevention device installed
- All construction, extension, alteration, repair, or replacement meets state and local laws

Sewage System and Solid Waste

- Sewage system is adequate and safe
- Mop water/dirty water is dumped in (**circle one**): mop sink toilet other _____
- Garbage storage is adequate and prevents nuisance
- Garbage (other than infectious waste) is sent to a licensed solid waste facility at least weekly

Name of facility _____ or City of _____

Restrooms

- Bathroom is conveniently located for clients and artists, within 200 feet (not more than one flight of stairs) and has a sink with hot and cold running water for washing hands after using restroom
- Bathroom is vented, well lit, supplied with toilet paper
- Soap, mounted paper towels, and garbage can are located near sink
- Bathroom floors, walls, ceilings are in good repair and clean
- No storage of tattooing/piercing supplies in bathroom

Work Room

- Work room is clean and no tattooing or piercing is done outside of designated work room
- Work room has barrier from other areas that is closable, example: swinging half-doors
- Work room is not a corridor for access into other rooms
- Animals are not allowed except for trained service dogs
- 50-foot candles of light are required at level of procedure (spot-lighting is ok)

- Ventilation is adequate (this means normal humidity levels, no fumes, heavy odors etc.)
- Filters for heating/air conditioning ducts are checked and replaced as needed
- Outer doors and windows are screened or kept closed
- Handwashing sink is within work room or within 10 ft. from the doorway
 - The handwashing sink needs to be accessible to artist at all times, not in a restroom and cannot be used for any other purpose**
- If hand sink is outside of work room, then doorway has two-way self-closing door
- Paper towels are used to turn off faucet
- Handwashing sink is disinfected daily
- Handwashing sink provides hot and cold water
- Soap, paper towels, garbage can are conveniently located next to hand sink
- Garbage cans are uncovered to prevent hand/glove contamination when in use and covered when not in use
- Garbage cans are emptied from work room daily
- Sharps containers are conveniently located in the work room for safe disposal
- Equipment and procedure surfaces and finish materials are smooth, easily cleanable and non-absorbent
- Flooring is smooth, non-absorbent, and wet-mopped daily
- Tobacco use, eating, and drinking is not allowed in the work room. Eating and drinking is permitted for first aid purposes only
- Restricted practices are not performed in the facility. This includes but is not limited to tattoo removal, scarification, branding, tongue splitting, and suspension. For a list of restricted practices not included under the provisions of this license, please refer to the Administrative Rules of Montana 37.112.165

Equipment and Supplies

- Equipment, tools, and jewelry are clean, in good condition and rust-free. Defective, dull or expired items are not used
- Items intended for single-use are not reused
- Gloves are used once, **non-latex**, and designed for medical use
- Durable tray is used for items that will be cleaned and autoclaved
- Needles are only used once, and then discarded directly in a sharps container. Needles are not bent or broken before disposal
- Counter tops, tables, and chairs are washable, in good repair, cleaned and disinfected between clients

Disinfectant used: _____ **Contact time:** _____

- There are enough sterile supplies, disinfectant, antiseptic, and gloves for three working days
- Any equipment or tool that comes into contact with the client is stored in closed, clean containers or cabinets
- Chemicals/cleaners are stored to prevent spilling, fumes, or contamination. They are labeled with the common name and used according to manufacturer's instructions
- Tables, trays and equipment are not shared between artists serving different clients at the same time

Sterilization of Equipment and Jewelry

Non-disposable instruments that come into contact with blood or body fluids are

- Individually wrapped and autoclaved and/or
- From the supplier individually wrapped and sterile

Piercing jewelry is

- Individually wrapped and autoclaved and/or
- From the supplier individually wrapped and sterile
- When an autoclave is used, packaging designed for autoclaving and a temperature indicator is used every time
- Autoclave completes the cycle every time it is run (15 PSI, 250°F/121°C, 20 minutes)
- If the autoclave is not designed to reach 15 PSI, 250°F/121°C for 20 minutes, please include a copy of the manufacturer's instructions
Autoclave manufacturer: _____ **Model number:** _____
- Autoclaved packages are dated and initialed by an artist
- Autoclaved items not used within 6 months of the sterilization date, or in a package worn away or torn, are re-wrapped and autoclaved
- A spore test is completed by a certified lab before opening to the public, at least every month thereafter, and whenever the autoclave is moved
Spore testing company: _____
- Sterile packages are only opened in front of the client
- If you have at least one employee, then OSHA standards 29 CFR 1910.1030 must be met. A copy of this document is available upon request by the health authority

Cleaning and Ultrasonic Use

- Reused instruments are cleaned with appropriate soap/detergent and rinsed completely
- Cleaning sink is separate from the handwashing sink and has hot and cold water, and is deep enough to submerge instruments
- Ultrasonic units are used according to manufacturer's instructions, always covered when used, and not used instead of autoclave sterilization
- Cleaning, ultrasonic unit use, dusting and vacuuming are not done at the same time clients are being tattooed or pierced

Skin Preparation, Aseptic Technique, and Aftercare

- Sterile instruments and aseptic technique are used at all times during the procedure
- Hands are washed before and after every procedure, with warm running water and soap for at least 20 seconds, scrubbing under fingernails, rinsing with clean water, and drying with a clean paper towel
- Outer clothing is clean. Hair restraints are used to keep hair from contacting the client if needed. Personal accessories are kept from touching the client
- Disposable razors for shaving are used once. Straight razors and replaceable blade units are not used
- After shaving the client, the artist washes hands, washes the client's skin, and changes gloves
- Before the procedure, the skin is thoroughly dampened with an antiseptic using clean cotton, gauze or tissue
Antiseptic used: _____
- Marking devices are used only once or autoclavable

- New gloves are put on before each procedure
- If gloved hands are contaminated during the procedure, hands are rewashed and new gloves are put on before continuing with the procedure (examples of contamination are touching eyes, nose or mouth, answering the phone, opening a door, touching a book or paper, or retrieving an item from the floor)
- If the artist sustains a needle stick, the artist will follow their post exposure plan, **submit this plan**

Handling and Disposal of Infectious Material

- Adequate supplies of sharps containers are available. They are closed securely and disposed of when $\frac{3}{4}$ full
Infectious waste (sharps) disposal company: _____
- Hands are washed and re-gloved after cleaning up spills
- Laundry that may have been contaminated with blood or body fluid is stored separately in a closed leak proof container or bag and washed (in hot water) and dried (on high) between clients
- Solid waste (other than sharps) possibly contaminated with blood or other bodily fluid is placed in a garbage container labeled “biohazard” or , lined with a strong leak proof plastic bag, tied to prevent leakage for handling and transported safely to the dumpster. Some waste is considered contaminated but not “infectious”, examples are gloves, tissues, or ink cups

Client Records

Client records include at least the following:

- Copy of the signed consent form
- Any special instructions or information about the client’s medical or skin condition which is relevant to the procedure
- Written physician referral if the client is taking any drug or dietary supplement that may induce bleeding tendencies or reduce clotting, has a medical condition that is known to cause bleeding tendencies or reduce clotting, shows signs of recent intravenous drug use, has a sunburn, skin disease (e.g. psoriasis or eczema), skin infection, or a lesion such as a mole at the procedure site

Consent Forms

- Client signs a consent form before each procedure (even if a returning customer)
- Parent or legal guardian signs in person for any client under the age of 18
- If piercing clients under the age of 3, a choking hazard warning is given to the parent or legal guardian

Consent form includes at least the following:

- Establishment location address, phone number and name of establishment
- Client’s name, address, date of procedure, design, location on client’s body
- Name of artist performing procedure
- List potential complications and side-effects: abscesses, allergies, excessive bleeding, heavy metal poisoning, infection, keloid formation, muscle paralysis, nerve paralysis, scarring, blood borne pathogens, tongue swelling, throat closure, and tooth fracture
- Symptoms of infection such as fever, swelling, redness or drainage and instructions to consult a physician if symptoms of infection or other complications occur
- Statement where the client acknowledges that the procedure is permanent
- Statement that the client consents to the tattooing or piercing procedure
- Statement that the client received aftercare instructions verbally and in writing before the procedure
- Instructions to contact RiverStone Health at (406) 256-2770 to report adverse reactions

Record Keeping and Review

Client records, consent forms, autoclave spore test results and any other records are

- Kept on the premises for at least 3 years
- Made available for review by the health authority
- Typed or printed in ink

Training

Copies of current certificates (**do not send originals**) in:

- Basic first aid
- Universal precautions for preventing the transmission of bloodborne pathogens (OSHA certified)
- General Sanitation Quiz. Complete the quiz at <http://dphhs.mt.gov/publichealth/FCSS/BodyArt> (the password is **piercing**)
- All artists will renew training as required based on certification expiration

Just for Tattooing

Ink brands(s) _____

Supplier(s) _____

- Inks are designed for tattooing, labeled with manufacturer and lot number
- Inks are kept in the original container
- Inks are mixed according to manufacturer's instructions and placed in clean sterile containers
- Artists who are aware of any reaction, allergy, or sensitivity report the condition and ink information to the health authority
- Inks that are expired or under recall by the FDA are not used
- Individual portions of ink are used for one client, and then properly discarded
- Ink cups are not re-used
- When adding ink to a portion cup during a procedure a paper towel or tissue is used to open the ink to prevent gloves from being contaminated, the tip of the ink bottle does not contact the container and new gloves are put on after dispensing more ink
- Stencils are disposable or cleaned and disinfected between clients
- Carbon paper is used only once
- Any product used to transfer a pattern is single-use or portioned out from a container in such a way that it does not become contaminated

Just For Ear Lobe Piercing Establishments

- The following exemptions apply to establishment that are **ear lobe piercing only** please explain how risks will be minimized:
 - Piercing area does not have a physical barrier. The following is a description of how the work area is separated enough from other areas so that no physical contact can be reasonably expected to occur between the general public and the client or artist:

Hand washing sink is not available within the work room or within 10 feet of work room. The following is a description of accessibility to a handwashing sink, hand sanitizer type and glove use protocol:

Mobile Establishment

Please describe how and where you will dispose of sewage and other wastewater (waste must be emptied in an approved system): _____

Temporary Establishment

Please describe the proposed temporary set-up in detail (enclose floor plan and or pictures).

License Requirement and Display

License is displayed in view of clients once it is received. Note: The license is not transferable. This means if you sell your business to another person, he/she must apply for a new license or if you move to a new location, you must apply for a new license. If you remodel your building, add work areas, or change plumbing, you must contact the health authority for a review and approval of your changes.

____ (initial) I certify that I have never had a professional license denied or cancelled, or voluntarily surrendered, cancelled, forfeited, or failed to renew a professional or occupational license. I have not had an agency initiate or complete disciplinary action against a professional license I have held. If I have, a description of the incident is enclosed.

____ (initial) I fully understand that approval of these plans and approval of this license is not a grant of licensure for any activities beyond the scope of the rules found in Rule #5 pertaining to tattooing and body piercing including, but not limited to, any activities that may constitute medical procedures or medical practice.

____ (initial) I certify that the information included above is complete and correct. I understand my failure to provide complete, accurate, and truthful information on the application may be grounds for cancellation or denial of this license application.

Signature _____ Date _____

Approval of these plans and specifications by the health authority does not mean compliance with any other code, law or regulation that may be required. Approval of these plans does not constitute endorsement or acceptance for other artists. A pre-opening inspection with equipment will be necessary to determine compliance with the rules governing tattooing and/ or piercing establishments.