

Please submit the following information with the Plan Review Application:

1. Site plan showing location of hand wash sinks, booth space, restroom, sharps containers, and sterilization room (if applicable).
2. Copy of current Blood- Borne Pathogen training for all artists or those that may work with potentially infectious materials
3. Copy of CPR and Basic First Aid training (only for owner or operator).
4. Copy of contract with infectious waste removal company.
5. Written policy in compliance with Indiana Occupational Safety and Health Administration's (IOSHA) Blood –borne Pathogen Standard (see sample)
6. Copy of Aftercare instructions to be handed to clients
7. Description of body art procedures to be performed
8. List of Tattoo and Body Piercing Artists

Plan Review Application for Body Art Establishment

Date: _____

New Establishment _____ Remodel: _____ New Owner: _____

Name of Establishment: _____

Address of Establishment (must have Street, City, State and Zip Code):

Phone Number of Establishment (if available): () _____ - _____

Name of Owner: _____

Owner's Mailing Address: _____

Telephone Number: () _____ - _____

Hours of Operation (i.e. 8-5 Sunday, 6a.m. -2p.m. Monday)

_____ Sunday
_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday
_____ Saturday

Total Square Feet of Facility: _____ (Minimum of 100 square feet)

Square Footage of each booth _____ (Minimum of 45 square feet)

Total Number of Staff: _____ (Full & Part-Tine)

Projected Start/Completion Date _____