Public Health
Prevent. Promote. Protect.

BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

Healthy People
Healthy Communities

APPLICATION TO OPERATE TATTOOING, BODY PIERCING, AND PERMANENT COSMETICS BOOTH
Per Connecticut Statues Sec 20-266o and BBHD Sanitary Code Chapter VII
Plan Review Fee: $100.00

Business Name: _____
Name of Business owner: _____Phone #:_____
Address: _____
Tattoo Technician Name: _____Phone #:_____
Technician Email:_____
Number of Chairs/Beds:_____
Types of Services To Be Provided: Tattooing ____ Body Piercing _____Other _____

APPLICATION CHECKLIST

1. ☐ Copy of current CT. Tattoo Technician License, copy of current Business License, copy of current Driver's License, and copy of current Blood Borne Pathogen Training Certificate of all artists attending the event
2. ☐ Tattoo Consent Form for adults and minors
3. ☐ Tattoo After Care Instructions
4. ☐ Infection Control Prevention Plan (IPCP)
5. ☐ Hepatitis B Vaccination Certificate or a signed statement attesting to refusal to submit for each artist
6. ☐ **Submit cash or check, payable to BBHD for $100 plan review fee.**
7. ☐ **SUBMIT Floor Plan or layout of the facility and work station set including but not limited to** (*Tattoo machine, tables, chairs, procedure sites armrest, lamps, lights, stools, trays, needle tubes, pre-sterilized, single-use and disposable instruments., clip cords, power supplies, squeeze bottles, inks, pigments soaps, sharp container, covered garbage receptacle, hand sinks, utility sinks, and mop sink. Remember to label all equipment*)

Please submit and/or describe the following:

1.) Attach your Exposure Control Plan. This plan is a written document that outlines protective measures the employer will take to minimize or eliminate employee exposure to blood borne pathogens or other possible infectious materials.

2.) Decontamination and Disinfection**:** Describe the procedures for decontaminating and disinfecting of workstation and surfaces:

- ✓ Workstation surfaces:_____
- ✓ Workstation tables chairs/stools/ Armrests/Headrests:_____
- ✓ Tattoo machine, Clip Cord Trays/Procedure area:_____
- ✓ Reusable instruments, needle tubes, portable lights:_____
- ✓ Permanent Cosmetic Machine:_____

3.) Indicate whether the body art facility uses all pre-sterilized, single-use and disposable instruments: _____
_____
_____
_____

Public Health
Prevent. Promote. Protect.

BBHD

BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

Healthy People
Healthy Communities

4.) Describe the storage location and equipment used for storage of clean sterilized instrument peel packs to protect packages from exposure to dust and moisture: _____
_____
_____

6.) Describe techniques used to prevent contamination of instruments, tattoo machines, trays, tables, etc. Include barriers provided to prevent cross contamination:_____
_____
_____

7.) Describe the procedures used for the safe handling and disposal of sharps: _____
_____
_____

8.) Describe the procedure used for the sterilization of jewelry prior to placing into newly pierced skin if applicable:
_____
_____

9.) Describe the procedure used for decontaminating instruments prior to placing them into the autoclave if applicable. If autoclave is not needed, please describe why: _____
_____

10). List the disinfectant products that will be used at the event and attach SDS'S:_____
_____
_____

11). List the personal protective equipment used during a body art procedure for the practitioner and the client:
_____
_____

12.) List types of bandages or wrapping provided after a body art procedures:
_____
_____

13). Describe the clean-up and disinfection procedure taken when there is an accidental spill of sharps:
_____
_____
_____

14). List the type of trash receptacles that will be used: _____
_____
_____

Public Health
Prevent. Promote. Protect.

BBHD

BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

Healthy People
Healthy Communities

15) Describe procedure for disposal of contaminated items, such as gloves, or gauze contaminated with bodily fluids:
_____
_____

16). Commercial Ink or Pigment Manufacturers**:** List the manufacturer(s) for the inks or pigments used:
_____
_____
_____

17.) Describe the procedure for dilation of inks. Please note only distilled water shall be used and ink shall only be diluted individually for each client, it shall not be bulk diluted beforehand:
_____
_____

I hereby certify I am the person responsible for the implementation, administration and operation of the activities required to meet the standards of the BBHD Body Arts Sanitary Code, including reporting of information for this application. I declare under penalty of perjury the information on the application and in other materials submitted in support of this application are accurate and true. I hereby consent to all necessary inspections and agree to not begin operating in any format until a pre-operational inspection has been conducted and approved by BBHD, all other necessary departments, and a BBHD license has been obtained. BBHD licenses are non-transferable.

Print Name: _____

Signature: _____ Date: _____

Sanitarian assigned: _____ Approved on: _____