



HEALTH DIVISION
OAKGOV.COM/HEALTH

BODY ART ESTABLISHMENT PLAN REVIEW DATA PACKET

Oakland County Health Division

1200 N. Telegraph Rd., Pontiac, MI 48341

27725 Greenfield Rd., Southfield, MI 48076

248-858-1280

248-424-7000

Establishment Name: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Email: _____

Owner Name: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Email: _____

General Contractor Name: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Email: _____

Date Construction Will Begin: _____ Date of Planned Opening: _____

Please note that your plan review may not be started until all required information is received and the required fee paid.

FOR OAKLAND COUNTY OFFICE USE ONLY

Date Plans Received: _____ Date Fee Received: _____ Fee Amount: _____

Initial Review Date: _____ Date Approved: _____

Incomplete Letter Sent Date: _____ Revised Plans Received: _____

Incomplete Letter Sent Date: _____ Revised Plans Received: _____

Incomplete Letter Sent Date: _____ Revised Plans Received: _____

Plans Approved By: _____

OAKLAND COUNTY HEALTH DIVISION (OCHD)
BODY ART ESTABLISHMENT PLAN REVIEW WORKSHEET

Please complete the following information and submit this data packet along ***with one (1) floor plan drawn to scale*** to OCHD. At a minimum include all rooms/areas, walls, sinks, toilets, hot water heater, equipment, lighting, windows, doors, and doorways on the floor plan.

A. Scope of Project:

- | | |
|--|---|
| <input type="checkbox"/> New Body Art Facility/New Building | <input type="checkbox"/> Existing Body Art Facility, Complete Remodel |
| <input type="checkbox"/> Existing Body Art Facility, Partial Remodel | <input type="checkbox"/> New Owner, Complete Remodel |
| <input type="checkbox"/> New Owner, Partial Remodel | <input type="checkbox"/> Other _____ |

Total Square Feet of Facility _____

Describe changes: _____

B. Types of Services to be Offered:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Semi-Permanent/Permanent Make-Up |
| <input type="checkbox"/> Piercing | <input type="checkbox"/> Branding |

C. Days and Hours of Operation:

Please circle days of operation: S M T W Th F Sa

Hours of operation _____ to _____ By Appointment: Yes No

D. Practitioner Area Information:

Number of body artists the facility is designed for _____

Number of body artists* that will be working in facility at time of opening _____

Number of technician stations _____

Square feet per technician station _____

****Submit photocopies of Oakland County Body Art Practitioner Permits for all body artists that will be working in the facility at the time of opening.***

E. Finish Schedule Chart:

Please specify the type of finish material such as high gloss enamel paint, vinyl composite floor tiles, vinyl covered base molding. All finishes must be smooth and non-absorbent.

Location	Walls	Floors	Base	Ceilings
Practitioner Rooms				
Reprocessing Area				
Waiting Room				
Storage Room				
Restroom				
Mechanical Room				
Other (Specify) _____				

Comments: _____

F. Water Supply

Is water from a municipal source? Yes No

If water is from an onsite well, provide the following information:

- Isolation from onsite wastewater treatment system _____ feet
- Is water treatment proposed? Yes No
 - If yes, what type of water treatment? _____
- Water Sample Results (Attach laboratory test results):
 - Bacteriological _____ Chemical _____
 - **A body art establishment with an onsite well will not be permitted to open until Oakland County Health Division is in receipt of safe water samples from the establishment. Please contact Oakland County Health Division for information regarding water analysis and laboratories.**

G. Hot Water Heater:

To determine the minimum required energy input for the facility's hot water heater in BTU/HR (gas*) or KW/HR (electric**), complete the following hot water usage table, using the formula below the table. Include all fixtures with hot water. For example, a salon doing permanent make-up might also have hair washing sinks and foot baths with hot water. Check with OCHD on requirements for other fixtures not listed below.

Fixture	No. of Fixtures	Degree Rise (°F)	Gallons Per Hour (Q)	BTU or KW per hour (HR)
Instrument Scrub Sink		60	5	
Hand Sink		60	2.5	
Mop or Utility Sink		60	10	
Clothes Washer		60	60	
Shower		60	20	
Hair/Pedicure Sinks		60	5	
Other _____				
Other _____				

*Gas: $\frac{\text{No. of Fixtures} \times \text{°F} \times \text{Q} \times 8.33}{0.75}$ = Minimum required BTU per hour

**Electric: $\frac{\text{No. of Fixtures} \times \text{°F} \times \text{Q} \times 8.33}{3344}$ = Minimum required KW per hour

Provide information for your facility's hot water heater:

- Make _____ Model _____ Gas Electric
- Energy input of water heater _____ BTU/HR KW/HR
- Storage capacity _____ gallons
- Is the hot water heater shared with any other businesses? Yes No
 - If yes, please make sure all fixtures with hot water are included in the hot water heater sizing chart shown above.
- **Submit the specification sheet for the hot water heater OR a photo of the data plate on the hot water heater.**

H. Restrooms and Handwashing Facilities

Number of restrooms provided _____ Number of hand sinks in each restroom _____

Type of ventilation in restroom(s) Mechanical Open Window(s)

- If a window is used for ventilation in the restroom, is it screened? Yes No

Number of hand sinks in body art practitioner areas _____

How is hot water provided to hand sinks? Tempered Water Mixing Valve

Type of hand drying provisions _____

I. Sewage Disposal

Are you using a municipal sewer system? Yes No

If the facility uses an onsite wastewater treatment system, provide the following information, if known:

- OCHD Wastewater Treatment System Permit # _____ Date issued _____
- Septic tank size _____ gallons Disposal field size _____ square feet

J. Medical Waste

How many sharps containers will you have? _____

List locations of sharp containers _____

Will there be biohazard bags for other contaminated waste? Yes No

Medical waste disposal company*, if known _____

Frequency of pick-up, if known _____

***A copy of a contract with a medical waste disposal/hauling company will be required prior to approval to operate. The body art facility must also register with the Michigan Department of Environment, Great Lakes, and Energy (EGLE) as a Medical Waste Producing Facility prior to approval to operate.**

K. Reprocessing Area Equipment

If you will be utilizing reusable body art instruments, you must have proper reprocessing equipment and complete this section. Please submit specification sheets for required reprocessing equipment.

Make and model of ultrasonic cleaner _____

Do you have copies of the manufacturer's instructions for the ultrasonic cleaner? Yes No

Make and model of autoclave _____

The autoclave must comply with 1 or more of the 3 types of steam programs defined as B, N, and S by EN13060/ISO 17665, and must be capable of sterilizing hollow items, or lumens.

Do you have copies of the manufacturer's instructions for the autoclave? Yes No

What testing company will be used for autoclave spore tests*? _____

How often will spore tests be conducted for the autoclave? _____

***A copy of a negative spore test result for the autoclave must be submitted prior to approval to**

operate.

L. Vermin and Rodent Protection

Is the building rodent proof? Yes No

Do windows and other outer openings have screens or other controls? Yes No

Are there self-closers on exterior doors? Yes No

M. Miscellaneous Information

- Are all procedure surfaces (client chairs, tables, benches, and counters) smooth, free of open holes or cracks, non-absorbent, and in good repair? Yes No
- Is adequate lighting provided, at least 20 foot candles at three feet off the floor, except that 100 foot candles is required at the level where body art procedures are performed, where instruments and sharps are either handled cleaned or assembled, or where handwashing stations are located? Yes No
- Are all lights, including spotlights, shielded or shatterproof? Yes No
- Are linens used? Yes No If yes, are they laundered onsite? Yes No
- Is there at least one covered waste receptacle in each procedure area, in the bathroom, and next to each hand washing sink?
 Yes No
- Is the body art procedure area separated from the check-in room, retail area, or waiting room by a partition or barrier? Yes No
- What type of ventilation is provided in the facility? Mechanical Openable windows

Please submit mechanical approval or a certificate of occupancy from your local building department prior to being approved to operate.

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and Federal eligibility requirements apply for certain programs.

BODY ART FACILITY PLAN REVIEW EXAMPLE

Date: _____

Type of Facility: (circle one) Permanent Temporary/Special Event

Are you a: (circle one) New Facility Existing Facility
Existing with new ownership Existing remodel

Name of Facility: _____ Phone _____
Fax _____

Address of Facility: _____

Name of Operator (owner): _____ Phone _____
Fax _____

Address of Operator (owner): _____

Number of Technician Stations _____

Square Feet /Station _____

Total Square Feet of Facility _____

IF OPENING A NEW FACILITY OR REMODELING CURRENT ONE:

Date Construction will begin: _____

Date of Planned Opening: _____

New Facility Name: _____

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

Hours of Operation _____ to _____

Number of body artists is the facility designed for _____

Number of body artists working in the facility at opening _____

Type of services provided _____

