CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES | BUREAU OF ENVIRONMENTAL HEALTH

BODY ART PROGRAM

2525 Grand Avenue, Room 220 | Long Beach, CA 90815 | Phone: (562) 570-4132 Fax: (562) 570-4038

www.longbeach.gov/health/eh

BODY ART TEMPORARY EVENT APPLICATION CHECKLIST

- ☐ **Body Art Temporary Event Application: Organizer and/or Artist**
- ☐ **Proof of HEP B Vaccination or Declination Form**
- ☐ **Body Art Facility Infection Prevention & Control Plan Guideline Application**
- ☐ **Client Consent Form**
- ☐ **After Care Instructions**
- ☐ **Blood Borne Pathogen Annual Certificate**
- ☐ **Copy of State Identification Card**
- ☐ **Payment: _____**

SUBMIT COMPLETED APPLICATION TO VICTORIA CHAVEZ AT VICTORIA.CHAVEZ@LONGBEACH.GOV

Additional Forms/Resources:

- ***Blood Borne Pathogen Exposure Control Training Classes***
- ***Sample Exposure Plan for OSHA Standard 1910.1030***
- ***CA Department of Public Health Medical Waste Transporters***

COMPLETION OF THE CHECKLIST DOES NOT GURANTEE COMPLIANCE WITH STATE LAW.
THIS IS SOLELY INTENDED AS A GUIDELINE FOR PROPER GENERAL SET UP

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TEMPORARY BODY ART EVENT APPLICATION

ORGANIZER

Fee: $195.00

I. APPLICANT INFORMATION:

Name of Event:_____ Name of Event Organizer: _____

Event Address: _____

City: _____ State: _____ Zip: _____ On-Site Cell Phone: _____

Date(s) of Event:_____to _____ Times (s) of Event#_____ to _____

Business Name: _____ Owner's Name:_____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Telephone: _____ Fax: _____ Email: _____

II. EVENT INFO:

SITE PLAN

Submit a site plan showing the general layout of the event indicating location of the following:

1. Booths
2. Water Supply
3. Toilet and Hand Washing Facilities
4. Trash Disposal Containers (quantity)
5. Location of Decontamination/Sanitation Areas (quantity)
6. Back-up supplies

NUMBER OF BODY ART BOOTHS

Total # of booths performing body art: _____

All body art booths using pre-sterilized, disposable equipment?

☐ Yes ☐ No

If no, complete decontamination/sanitation area information.

BODY ART BOOTHS

Body art booths must be located within a building, with a partition at least 3 feet high to separate the procedure area from the public and equipped with adequate light and a sharps waste container for each body art booth.

Responsible Party: ☐ Event Organizer ☐ Body Art Operator

DECONTAMINATION/SANITATION AREAS

Type of sink: ☐ Permanent ☐ Portable

Portable Service Company Name: _____

Portable Service Company Address: _____

Ultrasonic (Model): _____

Autoclave (Model): _____ Date of last spore test: _____

Is the decontamination/sanitation area operated by the event organizer? ☐ Yes* ☐ No

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** If "YES", provide a copy of the procedures for decontamination area, a log book with records of each load including: date, contents, exposure time and temperature, integrator results, and spore test results onsite. Provide a copy of bloodborne pathogen training certificate for all employees working in the decontamination area.*

BODY ART BOOTH HAND WASHING STATION

For each hand washing station 5-gallons or more of water accessible via spigot, soap, single-use towels and a wastewater collector/holding tank is required. Up to four adjacent booths may share a centrally located hand washing station.

Number of hand washing stations: _____ Hand washing stations provided by: ☐ Event Organizer ☐ Body Art Operator

Service Provider Name: _____

Service Provider Address: _____

PUBLIC TOILET FACILITIES

Number of toilets: _____ For multi-day events, how often will toilet facilities be cleaned? _____ times/day

Number of hand washing sinks: _____ Warm water available: ☐ Yes ☐ No

WASTE DISPOSAL

Number of sharp containers per booth: _____

Number of trash containers: _____ How often are trash containers emptied? _____ times/day

Provide a copy of the agreement with the company responsible for removal of all sharps waste containers. Provide the information below for the sharps waste disposal company.

Name: _____

Address: _____

Telephone: _____

I understand I shall provide a list of all booth operators participating in the event; to have back-up supplies available for purchase; and post in a conspicuous place the name, telephone number, and directions to an emergency room near the event.

I understand that all body art practitioners who will be participating in the event must be registered beforehand, including bloodborne pathogen training and Hepatitis B vaccination status.

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.

I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected body art booths, and/or may result in an administrative fine.

I understand that I am responsible for obtaining approval from all applicable agencies.

I understand that once the application is reviewed the application fee is non-refundable.

Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Amount Paid: _____ Receipt/Permit #: _____ Approved By: _____

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TEMPORARY BODY ART EVENT APPLICATION

Fee(s): $51.00 per Artist (1-10 Artists) or $29.70 per Artist (11+ Artists)

MAXIMUM BOOTH CAPACITY: 4 BODY ART PRACTITIONERS

I. APPLICANT INFORMATION:

Name of Event:_____ Name of Event Organizer: _____

Event Address: _____

City: _____ State: _____ Zip: _____ On-Site Cell Phone: _____

Date(s) of Event:_____to _____ Booth #_____ # of Practitioners: _____

Business Name:_____ Owner's Name:_____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Telephone: _____ Fax: _____ Email: _____

II. BODY ART PRACTITIONERS: *(use additional sheet(s) as necessary)*

NAME:	COUNTY REGISTERED:	REGISTRATION #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Registration must be present and visually displayed at the both)

III. BODY ART INFO: *(use additional sheet(s) as necessary)*

BODY ART TYPE: ☐ Tattooing ☐ Body Piercing ☐ Branding ☐ Permanent Cosmetic Application

INSTRUMENT TYPE*: ☐ Single-use disposable ☐ Multi-use equipment *(requiring sterilization)*

CLIENT FORMS PROVIDED BY**: ☐ Event Organizer ☐ Body Art Operator

**All contaminated equipment must be decontaminated/sterilized prior to being removed from premises*
***Informed consent forms, questionnaires, and post procedure instructions shall be provided by the person indicated above*

The undersigned has completed the application to the best of their ability and understands they may be asked to provide additional information in order for the application to be approved and that information will be considered part of the application. The undersigned understands that failure to meet the conditions identified in this application or failure to comply with the requirements set forth in the California Health and Safety Code may result in the suspension of the approval to operate and/or may result in an administrative fine. The undersigned understands that once the application is reviewed, the application fee is non-refundable.

Name: _____ Signature: _____ Date:_____

FOR OFFICE USE ONLY:

Date Received:_____ Amount Paid: _____ Receipt/Permit #:_____ Approved By:_____

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Voluntary Declination of Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or OPIM (Other Potentially Infectious Materials) I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Name Date

_____ _____

Signature California Drivers License of Identification #

If a practitioner declines the Hepatitis B vaccination, a copy of this declination must be submitted with the Body Art Practitioner Registration Form and provided to the operator of each location where the practitioner performs body art.

NOTE: The owner of the body art facility where the body art practitioner works is responsible for providing the vaccination series at no cost. The City of Long Beach does not provide this service.

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BODY ART FACILITY INFECTION PREVENTION AND CONTROL PLAN GUIDELINE APPLICATION

In accordance with the California Health and Safety Code, Section 119313, a body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established by the practitioners, specifying procedures to achieve compliance with the Safe Body Art Act. A copy of the Infection Prevention and Control Plan shall be filed with the Local Enforcement Agency and a copy maintained in the body art facility.

The body art facility owner shall provide onsite training on the facility's Infection Prevention and Control Plan to the body art practitioners and employees or individuals involved with decontamination and sterilization procedures.

Training shall be provided when tasks where occupational exposures may occur are initially assigned, anytime there are changes in the procedures or tasks and when new technology is adopted for use in the body art facility, but not less than once each year. Records of training shall be maintained on-site for three years.

Name of Body Art Facility: _____

Site Address: _____

City, State, Zip: _____

Type of Body Art Facility: _____

Contact Person: _____ Telephone: _____

A. Decontamination and Disinfection: Describe the procedures for decontaminating and disinfecting of workstation and surfaces.

1. Workstation surfaces/counter tops:

_____

_____

_____

2. Workstation chairs/stools:

_____

_____

_____

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3. Trays:

4. Armrests:

5. Headrests:

6. Procedure area:

7. Tables:

8. Tattoo machine:

9. Reusable instruments, calipers, needle tubes, etc., or other:

B. Reusable Instruments: Describe the procedures used for decontaminating, sterilizing, packaging and storing of reusable instruments. Include the procedures for labeling of sterilized peel-packs.

1. Needle tubes:

2. Calipers:

3. Other instruments:

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

D. Set Up and Tear Down of Workstation: Describe the procedure for setting up and tearing down the workstation for the following procedures.

1. Tattoo:

2. Piercing:

3. Permanent Cosmetics:

4. Branding:

E. Prevention of Cross Contamination: Describe the techniques used to prevent the Contamination of instruments, tattoo machine, trays, tables, chairs, clip cords, power supplies, squeeze bottles, inks, pigments, lamps, stools, soaps and the procedure site or other items during a body art procedure. Include barriers provided to prevent cross contamination. Describe how the procedure site is prepared for a body art procedure.

F. Sharps containers: Describe the procedures for the safe handling of sharps and indicate the location of the sharps containers.

G. Sharps Disposal: Describe the disposal of sharps used during a body art procedure.

1. Needles and needle bars:

2. Razors:

_____

_____

_____

3. Other sharps or single-use marking pens:

_____

_____

_____

H. List the Medical Waste Hauler, Mail-Back System or Alternative Treatment Technology for the disposal of sharps containers:

_____

_____

_____

Medical Waste Hauler _____

Street Address _____

City, ST, Zip _____

I. Sterilization of Jewelry: Describe the procedure for the sterilization of jewelry prior to placing into newly pierced skin.

_____

_____

_____

J. Sterilization Equipment: List the equipment used in the decontamination and sterilization room and describe the procedure for decontaminating instruments prior to placing inside the autoclave. Indicate whether instruments are manually washed or machine washed, such as with an Ultrasonic machine. Include the material used for soaking dirty instruments in the machine, such as Tergazyme.

_____

_____

_____

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K. Disinfection Products: List the disinfectant products used at the body art facility.

_____

_____

_____

L. Time and Temperature: List the duration of time and temperature of the autoclave required For the sterilization of clean instruments.

Time _____
Temperature _____
Psi _____

M. Personal Protective Equipment: List the personal protective equipment used during a body art procedure.

_____

_____

_____

N. Handwashing Sink: List the locations of the handwash sinks and describe the items supplied at each sink.

_____

_____

_____

O. Aftercare Procedure: Describe the written recommendations and care provided to the client after a body art procedure. List the type of bandages or wrappings provided after a body art procedure.

_____

_____

_____

P. Procedure for an Accidental Spill: Describe the clean-up and disinfection procedure taken when there is an accidental spill of sharps or biohazardous waste.

_____

_____

_____

Q. Trash Receptacles and disposal of contaminated trash: List the type of trash receptacles and their location throughout the body art facility. Describe the procedure for the disposal of contaminated items, such as gloves.

_____

_____

_____

R. Negative/Failed Spore Test: Describe the procedure conducted when a monthly spore test has failed.

_____

_____

_____

Maintain a copy of this document in your files. Submit one copy to the Local Enforcement Agency.

I hereby certify that to the best of my knowledge and belief, the statements made herein are correct and true.

Signature: _____ Date: _____

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STERILIZATION PROCEDURES

When a body art facility is equipped with a decontamination and sterilization room and will be sterilizing reusable instruments and body art jewelry, the following sterilization procedures must be followed:

1. Clean instruments to be sterilized shall first be sealed in peel-packs that contain either a sterilizer indicator or internal temperature indicator. The outside of the pack shall be labeled with the name of the instrument, the date sterilized, and the initials of the person operating the sterilizing equipment.

2. Sterilizers shall be loaded, operated, decontaminated and maintained according to manufacturer's directions, and shall meet all of the following standards:

   - Only equipment manufactured for the sterilization of medical instruments shall be used.

   - Sterilization equipment shall be tested using a commercial biological indicator monitoring system after the initial installation, after any major repair, and at least once per month. The expiration date of the monitor shall be checked prior to each use.

   - Each sterilization load shall be monitored with mechanical indicators for time, temperature, pressure, and, at a minimum, Class V integrators. The Class V integrator gives an immediate response on whether the sterilization has been achieved. Each individual sterilization pack shall have an indicator.

   - Biological indicator monitoring test results shall be recorded in a log that shall be kept on site for two years after the date of the results.

   - A written log of each sterilization cycle shall be retained on site for two years and shall include all of the following information:

     (a) The date of the load.
     (b) A list of the contents of the load.
     (c) The exposure time and temperature.
     (d) The results of the Class V integrator.
     (e) For cycles where the results of the biological indicator monitoring test are positive, how the items were cleaned, and proof of a negative test before reuse.

3. Clean instruments and sterilized instrument packs shall be placed in clean, dry, labeled containers, or stored in a labeled cabinet that is protected from dust and moisture. Use clean gloves to handle sterilized packages to prevent cross contamination of the sterilized item when the package is opened for use.

4. Sterilized instruments shall be stored in the intact peel-packs or in the sterilization equipment cartridge until time of use.

5. Sterile instrument packs shall be evaluated at the time of storage and before use. If the integrity of a pack is compromised, including, but not limited to, cases where the pack is torn, punctured, wet, or displaying any evidence of moisture contamination, the pack shall be discarded or reprocessed before use.

6. A body art facility that does not afford access to a decontamination and sterilization area that meets the standards of subdivision (c) of Section 119314 of the California Health and Safety Code or that does not have sterilization equipment shall use only purchased disposable, single-use, pre-sterilized instruments. In place of the requirements for maintaining sterilization records, the following records shall be kept and maintained for a minimum of 90 days following the use of the instruments at the site of practice for the purpose of verifying the use of disposable, single-use, pre-sterilized instruments:
   - A record of purchase and use of all single-use instruments.
   - A log of all procedures, including the names of the practitioner and client and the date of the procedure.

OPERATING CONDITIONS FOR AUTOCLAVE

Cleaning: Remove all material on the instruments during the cleaning process to ensure that the sterilization process is achieved. The cleaning process can be a manual cleaning or by use of an ultrasonic machine.

Packaging: Package the instruments with hinges in the open position to ensure that the ridges and crevices of the instruments are sterilized.

Loading: Load the autoclave with the packages upright on their sides. Peel packs should be on edge with the plastic side next to a paper side to allow for steam penetration. Do not overload the autoclave to allow proper flow of the steam to achieve sterilization.

Steam Sterilization: Temperature should be 121°C or 250° F; pressure should be 106kPa (15lbs/in2); 30 minutes for packaged items. At a higher temperature of 132° C or 279° F, pressure should be 30 lbs/in2; 15 minutes for packaged items.

Allow all items to dry before removing them from the autoclave. Use clean gloves to handle packaged items.

Pressure settings (kPa or lbs/in2) may vary slightly depending on the autoclave used. Follow manufacturer's recommendations for your autoclave.

Exposure time begins only after the autoclave has reached the target temperature.

Source: Adopted from Principles and Methods of Sterilization in Health Sciences. JJ Perkins. 1983

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STERILIZATION LOG

Date	Load	Contents	Operator	Time	Temp	PSI	Temp Indicator Results	Attach Integrator Here	Spore Test Results	Action Taken Due to Failed Result