



Body Art Tattoo Plan Review Application

A plan review is required for all new or extensively remodeled facilities, and at change of ownership in accordance with the Las Animas Huerfano Counties District Health Department. Plans must be submitted at least 10 business days prior to opening. Any revisions to plans and specifications must be submitted in writing and approved by LAHCDHD. Complete this application in its entirety, plan review may be delayed if an incomplete application is submitted.

Facility Information			
Name (DBA)			
Street, City, Zip			
Phone		Email	
Owner Information			
Owner/Corporate Name			
Street, City, Zip			
Phone		Email	
Colorado State Tax #			
Facility Contacts			
Primary Contact			
Phone		Email	
Contractor Name		Architect Name	
Address		Address	
Phone		Phone	
Email		Email	
Signature Owner/Agent		Date	

Health Department Use Only	
<input type="checkbox"/> Facility Floor Plan/Equipment Layout	<input type="checkbox"/> Facility Specific Plans, Procedures and Contracts
<input type="checkbox"/> Equipment Specifications	<input type="checkbox"/> Employee Documents
<input type="checkbox"/> Complete Interior Finish Schedule	
<input type="checkbox"/> Plan Review \$75.00 Non-Refundable	Application is valid for one (1) year from date of submission.
License fee \$126.00. License expires at end of calendar year on Dec 31	Date Submitted:
Receipt #:	Staff Initials:

Facility Details			
Construction Start Date (if applicable)		Planned Opening Date	
Have plans been submitted to the local building department			<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of facility (check all that apply)	<input type="checkbox"/> New Construction <input type="checkbox"/> Extensively Remodeled <input type="checkbox"/> New Business		
	<input type="checkbox"/> Permanent Makeup <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing <input type="checkbox"/> Branding		
	<input type="checkbox"/> Scarification <input type="checkbox"/> Sculpting <input type="checkbox"/> Other:		
Will facility be used for anything other than body art procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain in detail:			
How many body artists is facility designed for			
How many body artists working at opening			
What type of instrument cleaning will be used	<input type="checkbox"/> Ultrasonic <input type="checkbox"/> Manual <input type="checkbox"/> N/A		
How will items be sterilized	<input type="checkbox"/> On-site Autoclave <input type="checkbox"/> Pre-sterilized Disposal <input type="checkbox"/> Both		
Facility water source			
Sewage disposal source or method			
Name of trash disposal service			
Name of sharps disposal service			

Days and Hours of Operation							
Insert hours in the following format: 8am-8pm. If there is a break in hours, use both lines.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Hours							

Checklist

Floor Plan / Equipment Layout

Submit floor plan drawn to scale. Plans must include the location and identification of all equipment and areas. Check all items/areas that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Chemical Storage | <input type="checkbox"/> Laundry Facility Area | <input type="checkbox"/> Water Heater Location |
| <input type="checkbox"/> Cleaning Equipment Storage | <input type="checkbox"/> Personal Storage Area | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Garbage/Recyclables Storage | <input type="checkbox"/> Sharps Disposal | |
| <input type="checkbox"/> Hand sinks | <input type="checkbox"/> Toilet Facilities | |
| <input type="checkbox"/> Infectious Waste Area | <input type="checkbox"/> Utility Mop Sinks | |
| <input type="checkbox"/> Instrument Cleaning Area/Sink | <input type="checkbox"/> Waiting Area | |

Facility Specific Procedures

Submit the following written plans, procedures, and contracts as related to the Facility.

- | | |
|--|---|
| <input type="checkbox"/> Aftercare Instructions | <input type="checkbox"/> Sharps Disposal Contract |
| <input type="checkbox"/> Client Consent Form | <input type="checkbox"/> Single Use (disposable) Items List |
| <input type="checkbox"/> Infection and Exposure Control Procedure | <input type="checkbox"/> Spore Test Contract |
| <input type="checkbox"/> Removal Plan for Old Instruments (sterilized) | <input type="checkbox"/> Sterilizer Log (sample) |
| <input type="checkbox"/> | |

Employee Documents

Submit current copies of these documents for each employee.

- | |
|---|
| <input type="checkbox"/> Bloodborne Pathogen Training Certification |
| <input type="checkbox"/> Hepatitis B Vaccination Record or |
| <input type="checkbox"/> Vaccination Declination Statement |

Provide a finish schedule with plans or use the table below to indicate interior finishes for each room in the facility.

Room Finish Schedule									
Room Name or Number	Floors			Wall Finishes				Ceiling	
	Material	Finish	Type of Base	North	East	South	West	Material	Finish
<i>Procedure Room</i> <i>Example</i>	<i>Tile</i>	<i>Example Smooth</i>	<i>Rubber Cove</i>	<i>Example FRP</i>	<i>Example FRP</i>	<i>FRP</i>	<i>Example Stainless</i>	<i>Vinyl Acoustic Tile Example</i>	<i>Example Smooth</i>