

**COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
APPLICATION FOR BODY ART FACILITY PLAN REVIEW
FY 2026-2027**

OFFICE USE ONLY

Verified by:	_____
Total Fee:	_____
Receipt No.:	_____
Date Paid:	_____

This plan review checklist is provided as a guidance document to assist the facility owner/operator to open a Body Art Facility that will meet public health and safety requirements established by California's Safe Body Art Act. The applicant must complete all parts prior to providing services to the public. **ALL CONSTRUCTION MUST BE COMPLETED IN ACCORDANCE WITH APPROVED PLANS. ANY CHANGES MUST BE APPROVED AND APPLICABLE PERMITS OBTAINED.**

NAME OF BUSINESS: _____

PHONE: _____

SOCIAL MEDIA HANDLE: _____

ADDRESS OF BUSINESS: _____

FACILITY OWNER NAME: _____

TYPE OF BODY ART FACILITY/LIST ALL SERVICES PERFORMED:

(e.g. piercing, tattooing, permanent cosmetics, or branding)

What is the facility square footage? _____ Number of stations or procedure areas: _____

CONTACT FOR PLANS

(Name)

(Title)

(Phone)

BILLING INFORMATION

(E-Mail)

(FAX)

(Name)

(Address)

(City, State, Zip)

(Phone)

Prior to operation a body art facility/practitioner is required to register and pay appropriate fees.

Checklist:

Two sets of plans must be submitted to the Environmental Management Department in black and white (no color).

Business Name, address and contact number must be on plans.

Plans must be legible and large enough to contain legends and comments for all items contained in this document. (**Minimum** paper size of 11"x 17", draw to scale. Larger facilities may need to use 18"x24" paper.)

Contact local City/County zoning authority for other restrictions or conditions that may apply.

Please Note: A permit may be required by building department if structural changes, plumbing, mechanical or electrical work is performed. Please contact the appropriate office for assistance.

(DO NOT WRITE BELOW)

Plan Type	PE	Fee
New Body Art Facility	(4578)	\$ 602
Remodel of Body Art Facility	(4579)	\$ 422

OFFICIAL USE ONLY	
FA #:	
PR #:	
SR #:	
CT #:	

Plan Approved by: _____ Date: _____

CHRONOLOGICAL HISTORY OF PLAN REVIEW

[illegible]

I. Floor Plan

- _____ A. Schematic or drawing of the shop, showing the location of the procedure area, storage area, workstations, handwashing sinks, bathroom and the clean room (along with the placement of the ultrasonic machine and autoclave. Schematic must identify materials used on the floors, cabinets, counters, etc. Legend showing what symbols represent on the plans. 119312(h)
- _____ B. Separate from other businesses/non-body art activities. 119314 (a)(4) & (b)(2) & (3)

II. Facility Construction

_____ A. Materials must be listed (sealed wood, drywall, laminate, linoleum, tile, etc.) and all surfaces smooth and washable. Legend must be provided for all items below: 113914 (a)(1) & (2)

	ROOM/AREA	FLOOR	COUNTERS/CABINETS	WALLS	REMARKS
A	PROCEDURE AREA				
B	PEIRCING ROOM				
B	CLEAN ROOM				
C	RESTROOM				
D	WAITING ROOM				
E	BREAK ROOM (No food, drink or tobacco allowed in procedure or decontamination room)				
F	JANITORIAL				
G	SUPPLY STORAGE ROOM				

_____ B. Constructed and maintained to be free from insect or rodent infestation. 119314 (a)(3)

_____ C. The procedure areas/piercing rooms must be separated by a wall or ceiling-to-floor partition from nail and hair activities. Body art can be performed in these designated areas only. 11314 (b)(2)

_____ D. Procedure area/piercing room equipped with an accessible sink supplied with hot and cold water. The sink shall be supplied with containerized liquid soap and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser. 119314 (b)(2)

_____ E. Have adequate toilet facilities, in accordance with the specifications of the State Building Standards Code, local building standard codes, and any other local ordinance. The sink shall be supplied with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser. 119314 (a)(5)

_____ F. All sinks permanently plumbed. 119314 (a)(5)

_____ G. Procedure area/piercing room equipped with adequate lighting. 119314 (b)(1)

_____ H. Sealable, rigid and puncture proof "Sharps Container" provided at each work station, labeled with the words "Sharps Waste" or international biohazard symbol and word "BIOHAZARD." 119314(e)(2)

_____ I. Adequate, designated storage area for pre-sterilized equipment, supplies, chemicals, and personal items. 119309(i) & 119315(c)

_____ J. Exterior waste containers (dumpsters).

_____ K. Decontamination and sterilization area (if applicable):

1. Decontamination and sterilization area separate from procedure area by at least 5 feet or by a cleanable barrier. 119314(c)(1)
2. Decontamination room equipped with an accessible sink supplied with hot and cold water. The sink shall be supplied with containerized liquid soap and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser. 119314(c)(2)
3. Equipped with an approved steam autoclave. (Chemical and dry heat sterilizers are not accepted) 119315(b)(1)

III. Body Art Equipment Plan and Recordkeeping

_____ A. Autoclave: Provide manufacture's specification (cut sheet if possible).

1. Autoclave must have mechanical indicators for time, temperature and pressure.
2. Records must be kept for 3 years and include: 119315 (a)(b)
 - Results Class V integrator with each autoclave load, recorded.
 - Date of the load.
 - List of the contents of the load.
 - The exposure time and temperature.
 - Initials of the person operating the sterilizing equipment.
 - For cycles where the results of the biological indicator (spore test) are positive, how the items are cleaned, and proof of a negative test before reuse.
3. Approved sterilization packs for reusable instruments and new jewelry. 119315(a)

_____ B. Spore test (biological indicator): Provide copy of service agreement with spore testing laboratory, required at installation, monthly, or after service. 119315(b)(4)

_____ C. Provide sharps disposal contract. Sharps shall be disposed of by an approved sharps disposal company, or removal and transportation through a mail-back system approved by California Department of Public Health. 119314(e)(3)(A)

_____ D. Provide list of all disinfecting chemicals. 119301(k)

_____ E. Location of all garbage containers in the procedure, restroom, and decontamination areas. Waste containers must be lined. 119314(d)

_____ F. Storage location of consent, medical questionnaire. 119303

_____ G. Storage location for autoclave logs and biological indicator monitoring tests, purchase invoices, records of training, Infection Prevention and Control Plan proper disposal of sharps waste, proof of sterilization on letterhead, and procedure, practitioner, client and date of the procedure 119307(e), 119312(d), 119313(e), 119314(e)(4), 119315(b)(4), (f)(1) and (2)

_____ H. Service trays, chairs, and other equipment (arm rests, beds, etc.) are smooth and easily cleanable. (No linens allowed.) 119314(b)(6)

_____ I. Clean instrument and sterilization packs – storage in clean, dry, labeled containers or cabinet protected from dust and moisture. 119315(c)

IV Infection Prevention and Control Plan (IPCP)

_____ A. Submit an Infection Prevention and Control Plan. 119313