



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805)781-4211
Email: ehs@co.slo.ca.us

HEALTH PERMIT APPLICATION FOR FOOD, PUBLIC SWIMMING POOLS AND BODY ART

PERMIT TYPE (CHECK ONE):

- RESTAURANT # OF SEATS:
BAR (NO FOOD PREPARATION)
MARKET OR BAKERY SQUARE FOOTAGE:
CATERER
TEMPORARY FOOD FACILITY:
COTTAGE FOOD OPERATOR:
MOBILE FOOD FACILITY
SWAP MEET: PREPACKAGE PRODUCE
OTHER FOOD (DESCRIBE)
BODY ART FACILITY
POOL # SPA #

IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:

- BUSINESS NAME
OWNERSHIP CHANGE
BUSINESS SITE LOCATION CHANGE
BILLING INFORMATION CHANGE
OTHER:

IS FOOD FACILITY USED AS A COMMISSARY (KITCHEN AND OR STORAGE AREAS ARE AVAILABLE FOR RENT BY OTHER BUSINESSES)

YES NO

WERE PLANS FOR THIS PROJECT PREVIOUSLY SUBMITTED TO ENVIRONMENTAL HEALTH

YES NO

PLEASE CHECK IF YOUR BUSINESS QUALIFIES FOR ONE OF THE FOLLOWING:

- REPRESENTS A NONPROFIT ORGANIZATION
TAX ID NUMBER

FACILITY INFORMATION

BUSINESS NAME (DBA)
BUSINESS SITE ADDRESS
OWNER NAME
BUSINESS TELEPHONE NUMBER

BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE US TO USE THE BUSINESS ADDRESS ABOVE, CHECK THIS BOX

ADDRESSEE NAME (IF DIFFERENT THAN OWNER NAME)
BILLING TELEPHONE NUMBER CELL PHONE NUMBER
BILLING ADDRESS
OWNER/ BUSINESS EMAIL ADDRESS
SIGNATURE OF APPLICANT PRINTED NAME

FOR OFFICE USE ONLY

DATE RECEIVED RECEIVED BY ASSIGNED TO ENTERED BY ENTERED DATE
PE# AMOUNT DUE AMOUNT PAID CHECK OR CC AUTH # CASH
NONPROFIT: TAX ID #
PR# SR# FA# INVOICE NUMBER
INSPECTOR APPROVED DATE



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BODY ART FACILITY INFECTION PREVENTION AND CONTROL PLAN TEMPLATE

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 Environmental Health Services 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
FACILITY SITE ADDRESS
FACILITY MAILING ADDRESS
FACILITY OWNER/ CONTACT PERSON NAME
FACILITY OWNER/ CONTACT PERSON PHONE NUMBER
TYPES OF BODY ART PERFORMED AT FACILITY

I. DECONTAMINATION AND DISINFECTION: Describe the procedures for decontaminating and disinfecting of workstation and surfaces.

- 1. Workstation surfaces/counter tops:
2. Workstation chairs/stools:
3. Trays:
4. Armrests:
5. Procedure Area:

Headrests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedure Area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tables: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. **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. Tattoo Machine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Needle Tubes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Calipers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Other Instruments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the Procedure for Labeling Peel Packs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. **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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. **SET UP AND TEAR DOWN OF WORKSTATION:** Describe the procedure for setting up and tearing down the workstation for the following procedures. (Attach additional pages if necessary).

1. Tattoo: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Piercing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Permanent Cosmetics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Branding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. **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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. **SHARPS CONTAINERS:** Describe the procedures for the safe handling of sharps and indicate the location of the sharps containers. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VII. **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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. **LIST THE MEDICAL WASTE HAULER, MAIL-BACK SYSTEM OR ALTERNATIVE TREATMENT TECHNOLOGY FOR THE DISPOSAL OF SHARPS CONTAINERS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Waste Hauler Name \_\_\_\_\_

Medical Waste Hauler Address \_\_\_\_\_

\_\_\_\_\_

- IX. **STERILIZATION OF JEWELRY:** Describe the procedure for the sterilization of jewelry prior to placing into newly pierced skin. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- X. **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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- XI. **DISINFECTION PRODUCTS:** List the disinfectant products used at the body art facility.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- XII. **TIME AND TEMPERATURE:** List the duration of time and temperature of the autoclave required for the sterilization of clean instruments.  
Time: \_\_\_\_\_  
Temperature: \_\_\_\_\_  
PSI: \_\_\_\_\_
- XIII. **PERSONAL PROTECTIVE EQUIPMENT:** List the personal protective equipment used during a body art procedure. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- XIV. **HAND WASHING PROCEDURE:** Describe hand washing procedure. Indicate when hand washing is required.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- XV. **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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- XVI. **PROCEDURE FOR AN ACCIDENTAL SPILL:** Describe the clean-up and disinfection procedure taken when there is an accidental spill of sharps or biohazardous waste. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XVII. 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.

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**XVIII. NEGATIVE/FAILED SPORE TEST:** Describe the procedure conducted when a monthly spore test has failed.

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**Maintain a copy of this document in your files.  
Submit one copy to Environmental Health Services.**

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/in<sup>2</sup>); 30 minutes for packaged items. At a higher temperature of 132° C or 279° F, pressure should be 30 lbs/in<sup>2</sup>; 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/in<sup>2</sup>) 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*



STERILIZATION LOG

| Date | Load # | Contents | Operator | Time | Temp | Psi | Temp Indicator Results | Attach Integrator Here | Spore Test Results | Action Taken due to Failed Result |
|------|--------|----------|----------|------|------|-----|------------------------|------------------------|--------------------|-----------------------------------|
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |
|      |        |          |          |      |      |     |                        |                        |                    |                                   |