FAYETTE CO. HEALTH DEPT. 401 N. CENTRAL AVE. CONNERSVILLE, IN 47331-1903 765-825-4013

APPLICATION FOR REGISTRATION TO BE A LICENSED TATTOO/BODY PIERCING ARTIST

| *********** | ****** * ** | *** | ******* | ***** | |
|---|------------------------|--|------------------------|--|--|
| Name of Artist: | | | | | |
| Home Address: | | | | | |
| City/State/Zip: | | | | | |
| Telephone: | | | | | |
| Owner: (Click in box) | Yes 🗍 | | No T | Nicola, como mode ante com esta esta esta esta esta esta esta esta | |
| , , | ************ | ****** | ·************ | ******* | |
| Business: | | | | | |
| Business Address: | | | | | |
| City/State/Zip: | | | | | |
| Business Phone: | | | | | |
| ********** | ******* | ****** | ******** | ***** | |
| Services you are reque | esting licensure | for (Choo | se from dropbox): | Tattoo | |
| ********** | ****** | ***** | ******* | ******* | |
| | | ı | | | |
| 1, | | (Name), he | reby apply to for a li | cense to practice as a | |
| (Tattoo Artist Body Piercing Artist or Both) in a licensed Tattoo/Body Piercing Establishment | | | | | |
| in Allen County, Indiana. I also agree to strictly follow all County and the State of | | | | | |
| Indiana code(s), laws and regulations pertaining to the operation(s) of Tattoo/Body Piercing | | | | | |
| Establishments. | | | | | |
| | | | | Жироссия поставления поставления поставления поставления поставления поставления поставления поставления поста | |
| Sn. | | | Sign | ature | |
| Fee 3 25-00 per Artist, Ma | ake checks payal | ble to | FAYETTE County | Department of Health, | |
| please mail to the above | mentioned add | iress. If yo | u are the sole propr | ietor (owner) and are | |
| tattooing/body piercing, this fee is exempt. All Artists shall comply with minimum | | | | | |
| training requirements as | required in | County Co | de Title 10 Article 7. | | |
| | | la alanda al | | | |
| ************************************** | | | | | |
| Date Paid: / / | | | | | |
| Cash/Check #: Permit #: | | | | | |
| | | | | | |
| Artist Appl | | | | | |

County Health Department

Department of Water Quality and Hazardous Material Management

TATTOO/BODY PIERCING SHOP CHECKLIST

| Establishment: | | Phone Number: | | | |
|---------------------|--|--|--|--|--|
| Address: | | Contact/Title: | | | |
| City/State/Zip: | | Specialist: | | | |
| Hours of Operation: | | Inspection Date/Time: | | | |
| Procedu | ures Performed On-Site:Tattooing | Body Piercing | | | |
| | PREMISES F | REQUIREMENTS | | | |
| | Hand sink with hot and cold water readily accessible and supplied with liquid antimicrobial soa | | | | |
| | Dry, clean cabinet/tightly covered container available for storing tattooing/piercing instruments. | | | | |
| | Premise is maintained in a clean and sanit | tary fashion. | | | |
| | All work surfaces are non-absorbent, easi | lly cleaned, smooth, free of breaks, cracks, etc. | | | |
| Notes: | | | | | |
| | SANI | TATION | | | |
| | of the work shift (use EPA approved tube 10% concentration mixed within 24 hours | | | | |
| | contaminated or between each client. | e removed and replaced when they become overly | | | |
| | Eating, drinking, smoking, applying cosmoccupational exposure. | netics and live animals are not allowed in areas of | | | |
| | The skin of/surrounding the area of the procedure. | rocedure is washed with antimicrobial soap prior to | | | |
| | All instruments are stored in sterile packa | ges until tattooing/body piercing is performed. | | | |
| | Operator wears disposable medical gloves | s while performing all body art procedures. | | | |
| | Gloves are discarded after completion of punctured, compromised, or contaminated | each procedure, between clients, or when torn, | | | |
| | Hands are washed after glove removal and | d prior to re-gloving. | | | |
| Notes: | | | | | |
| | SINGLE- | USE ITEMS | | | |
| EQUIP | | | | | |
| | Needles and razors are single-use only. | | | | |
| | Body art stencils are single-use and dispos | | | | |
| | procedures and are from a professional su | | | | |
| USAGE | E/PRACTICES/HANDLING PROCEDUR | | | | |
| | All sharps are cleaned and sterilized prior | | | | |
| | Paper peel-packs are stored in a dry, clean | | | | |
| | Petroleum jellies, soaps, and other produc applied in a manner in which prevents con | ts used in the application of stencils are dispensed and atamination of original source container. | | | |
| | single-use container immediately before the procedure. | s transferred from the original bottle into a sterile, ne procedure, and disposed of at the completion of the | | | |
| | After use, single-use items are immediatel | y disposed of in approved containers. | | | |
| | Contaminated needles are not bent, broker | n, or otherwise manipulated by hand. | | | |
| | In the event of blood flow, all products us approved containers. | ed to absorb blood are single-use and disposed of in | | | |