MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 ELIZABETH RD.
MT. CLEMENS, MI 48043

BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

Please provide all requested information along with appropriate plan review fee:

(2024) $193.00 New Facility
$ 96.00 Remodel

MAKE CHECKS PAYABLE TO: **MACOMB COUNTY HEALTH DEPARTMENT OR MCHD**
ENVIRONMENTAL HEALTH SERVICES
43525 ELIZABETH RD.
MT. CLEMENS, MI 48043

Incomplete applications will not be reviewed until missing information is provided. Do not leave fields blank, enter N/A if not applicable.

Application Type: New Facility ☐
Remodel Licensed Facility ☐

BUSINESS INFORMATION

Business Name_____

Business Address_____
Street City Zip

List All Body Art Procedures Performed _____

_____

OWNER INFORMATION

Owner Name_____ Phone Number_____

Owner Address_____
Street City State Zip

Email Address_____

☐ Include Copy of Driver's License / I.D.

FACILITY INFORMATION

Provide floor plan drawn to scale (or dimensions provided) with all equipment, sinks and light fixtures included and identified. _____ (initial)

No. of technician work stations _____ Sq. ft. per station (min. 45 ft^2) _____

Describe how technician work stations are separated from each other and from other areas of facility _____

_____

Number of hand washing sinks (excluding sinks in restrooms)_____

Client waiting/retail area separated by panel/wall (min. 4 foot high) Yes ☐ No ☐

Separate instrument cleaning/sterilization area provided. Yes ☐ No ☐ N/A ☐ (only single-use instruments)

Floor construction material _____

Wall construction material and finish _____

Ceiling construction material and finish _____

Floor and wall junctures sealed with cove molding. Yes ☐ No ☐

Exterior doors and restroom doors self-closing. Yes ☐ No ☐ Door finishes _____

Surface finishes:
Counters_____
Tables_____
Procedure chairs/benches_____
Shelving_____
Cabinets_____
Other (specify)_____
_____

Windows and doors used for ventilation screened. Yes ☐ No ☐ N/A ☐

EQUIPMENT INFORMATION

Reusable instruments used Yes ☐ No ☐
if Yes:
Number of instrument scrub sinks_____ Sink dimensions: width_____ length_____depth_____

Number of ultrasonic cleaning units_____ Number of steam/pressure autoclaves_____

Number of dry heat autoclaves_____

Describe how sterilized instruments/equipment will be stored_____

How will tattoo/piercing machine(s) and connection(s) be cleaned and disinfected or covered _____
_____

Waste containers with foot-pedal operated lids provided. Yes ☐ No ☐

Approved sharps containers provided. Yes ☐ No ☐

WATER SUPPLY

Municipal water supply? _____ or Approved onsite well? _____

All sink fixtures plumbed with hot and cold running water? Yes ☐ No ☐

SEWAGE DISPOSAL

Municipal sewage system?_____ or Approved on-site sewage system?_____

Janitorial/mop sink provided Yes ☐ No ☐

GENERAL INFORMATION

State and County Regulations Governing Body Art Establishments have been reviewed. _____(initial)

How will medical waste (sharps containers) be disposed?_____

All body art technicians have received Bloodborne pathogen, First Aid and CPR training? Yes ☐ No ☐
If No, provide proof of registration in upcoming class.

COPIES OF THE FOLLOWING FORMS MUST BE ATTACHED AND SUBMITTED FOR REVIEW:

Client notification form(s) _____(initial)

Client aftercare instructions _____(initial)

Client health assessment questionnaire _____(initial)

Infection Control Procedures _____(initial)

Exposure Control Plan _____(initial)