


STATE OF NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH ENVIRONMENTAL HEALTH SECTION <a href="http://www.dpbh.nv.gov">www.dpbh.nv.gov</a> <b>PLAN REVIEW FOR INVASIVE BODY DECORATION          ESTABLISHMENT</b>		Date Received: _____ Date Approved: _____ Approved By: _____
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Submitting incomplete plans will delay the plan review process. Please answer **every** question that applies to your invasive body decoration operation.

**Invasive Body Decoration Establishment Type (Check all that apply):**

<input type="checkbox"/> Tattoo	<input type="checkbox"/> Permanent Makeup	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Piercing	<input type="checkbox"/> Extreme Body Modification	<input type="checkbox"/> Other: _____

**Type of Application (Check all that apply):**

<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel	<input type="checkbox"/> Ownership Change
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<b>NAME OF FACILITY</b>			
<b>PHYSICAL LOCATION OF FACILITY</b>			
<b>PHONE</b>			
<b>CONTRACTOR</b>		<b>PHONE</b>	
<b>ADDRESS</b>			
<b>ALTERNATE PHONE</b>		<b>E-MAIL</b>	
<b>CONSULTANT</b>		<b>PHONE</b>	
<b>ADDRESS</b>			
<b>ALTERNATE PHONE</b>		<b>E-MAIL</b>	
<b>ARCHITECT/ENGINEER</b>		<b>PHONE</b>	
<b>ADDRESS</b>			
<b>ALTERNATE PHONE</b>		<b>E-MAIL</b>	

**Project Information:**

<b>Project Start Date:</b>		<b>Project End Date:</b>	
<b>Estimated Opening</b>			

- ⚠ Plans and specifications must be submitted at least 30 days BEFORE the start of new construction or remodel.
- ⚠ APPROVAL of the plans and specifications is required BEFORE the start of new construction or remodel.
- ⚠ Pre-operational or Final inspection: **The Environmental Health Section must be notified of a request for a preoperational or final inspection at least 10 working days before anticipated opening of the establishment.**

**Applications and/or plans have been submitted to the following regulatory authorities for review:**

<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Public Works	<input type="checkbox"/> Planning/Zoning
<input type="checkbox"/> Building Department	<input type="checkbox"/> Fire Department/State Fire Marshall	<input type="checkbox"/> NV Division of Environmental

**CHECK EQUIPMENT WHICH SHOULD BE INCLUDED IN BUILDING SPECIFICATIONS**

<input type="checkbox"/>	Handwashing sinks	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Waiting areas
<input type="checkbox"/>	Equipment Washing Sinks	<input type="checkbox"/>	Water Heaters	<input type="checkbox"/>	Cleaning areas
<input type="checkbox"/>	Utility Mop Sinks	<input type="checkbox"/>	Chemical Storage Areas	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Sterilizers	<input type="checkbox"/>	Staff Storage/Break Areas	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Ultrasonic cleaners	<input type="checkbox"/>	Garbage/Recyclables Storage	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Sharps waste storage	<input type="checkbox"/>	Clean storage areas	<input type="checkbox"/>	Other: _____

**Equipment Sources - Add additional pages if necessary**

Are all inks, pigments, disposable and/or pre-sterilized products from approved sources?  Yes  No

Item	Source	Pre-sterilized?
<i>Needles, 22 g - 6 g</i>	<i>Best Medical Supply, Inc.</i>	<i>Yes</i>

**Equipment**

Types	Description	Spec Sheet/ Manual Attached?	Condition
Tattoo Machine	<i>XYZ "Spiffy" Rotary Tattoo Machine</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used
Tattoo Machine		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Used
Autoclave		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Used
Ultrasonic Cleaner		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Used
Immediate Use Sterilizer		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Used
Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Used
Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Used

**Finish Schedule**

	Floor	Coving	Walls	Ceiling	Shelves
<b>Example: Sanitation Room</b>	<i>Quarry tile Smooth, Sealed</i>	<i>Quarry tile Smooth, Sealed</i>	<i>FRP, Smooth, Stainless Steel</i>	<i>Vinyl acoustical tile, smooth</i>	<i>Wood, Painted &amp; Stainless Steel</i>
<b>Work areas</b>					
<b>Sanitation Room</b>					
<b>Storage Area</b>					
<b>Toilet Rooms</b>					
<b>Garbage/Refuse</b>					
<b>Other: _____</b>					

**Hand Washing and Toilet Facilities**

Indicate the following:

1. Is at least one dedicated hand washing sink for every 4 works stations conveniently located in the work area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do all hand washing sinks have mixing valve or combination faucets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do self-metering faucets provide water flow for at least 15 seconds without reactivation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is soap available at all hand washing sinks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are hand drying facilities (paper towels, air-blowers, etc.) available at all sinks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are covered garbage receptacles available in the restroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is hot and cold running water, under pressure, available at each sink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are restroom doors self-closing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Are all restrooms equipped with adequate ventilation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Is a hand washing sign posted in each employee restroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Garbage and Refuse Areas**

Check the types of containers you will have on site

Type of Container	#	Size	Location	Service Provider
<input type="checkbox"/> Indoor Containers				
<input type="checkbox"/> Dumpsters				
<input type="checkbox"/> Recycle Bins				
<input type="checkbox"/> Compactors				
<input type="checkbox"/> Sharps Containers				
<input type="checkbox"/> Medical Waste Containers				
<input type="checkbox"/> Other: _____				

**Water Supply**

1. Is the water supply		
(a) <input type="checkbox"/> Public? (Community Water System)		
Is a copy of the will-serve letter from the water authority attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) <input type="checkbox"/> Private? (Well)		
If private, has source been approved by NDEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If private, is a copy of the NDEP permit attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is the hot water heater sufficient for the needs of the establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is there a water softener device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) How will the water softener be inspected and serviced?		
4. Are the locations and types of backflow prevention devices indicated on the plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Water Heater Information**

Manufacturer:		Model:	
<input type="checkbox"/> Gas (BTUs):		<input type="checkbox"/> Electric (KW):	
Hot water storage capacity? (Gal)		Hot water heater recovery rate? (Gal/Hr)	

<b>Sewage Supply</b>		
1. Is the sewage system		
(a) <input type="checkbox"/> Municipal (City Sewer):		
Is a copy of the will serve letter attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) <input type="checkbox"/> Private (Septic System):		
Has the design been approved by NDEP - BWPC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a copy of the NDEP approval letter attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are the locations and types of backflow prevention devices indicated on the plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>General</b>		
Indicate Yes or No, then provide an answer or description in the box below:		
1. Will an employee break area or room be provided? Where?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have a policy for ill staff? Describe or attach your current policy to exclude or restrict artists/staff who are sick or who have cuts and lesions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. How will staff be trained in good sanitation practices? (Check all that apply)		
<input type="checkbox"/> Orientation <input type="checkbox"/> A written safety handbook <input type="checkbox"/> Video <input type="checkbox"/> Classroom training <input type="checkbox"/> Other: _____		
3. Do you have a glove policy? When are staff required to use or change gloves?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a copy of the Uncodified Invasive Body Decoration Regulations? (see <a href="http://dpbh.nv.gov/Reg/Invasive_Body_Decoration_(Tattoo)/Statutes/IBD_-_Statutes/">http://dpbh.nv.gov/Reg/Invasive Body Decoration (Tattoo)/Statutes/IBD - Statutes/</a> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you have any questions about the current IBD code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you read and do you understand the Invasive Body Decoration Regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. I have spoken with my Environmental Health Specialist and the following documentation has been provided with this application.		
<input type="checkbox"/> A written infection control plan <input type="checkbox"/> A copy of the client release form <input type="checkbox"/> Copies of aftercare instructions <input type="checkbox"/> Standard Operating Procedures (SOP's) <input type="checkbox"/> Agreement with supervising healthcare provider (establishments that perform Extreme Body Modifications only)		

**When Submitting this plan include the following documents with this plan review application:**

- List of Equipment: Manufacturer specification sheets for each piece of equipment shown on the plan. If applicable, all shop drawings of all custom-built equipment. An equipment schedule must link specification sheets to each piece of equipment on the plan.
- Outside Site Plan showing location of business, including alleys, streets; and location of any outside equipment, including but not limited to, storage areas, dumpsters, wells, septic systems etc.
- Floor Plan drawn to scale showing location of equipment, plumbing, electricity services and mechanical ventilation.

**Please include the following information on the plot plan of the IBD Establishment:**

- Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot to allow for ease in reading plans. Provide the room size, aisle space, space between and behind equipment, and the placement of the equipment on the floor plan.
- Show the location and when requested, elevated drawings of all equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Provide the room size, space between equipment, and the placement of the equipment on the floor plan, clearly indicate:
  - All hand work stations, hand washing sinks, restrooms, cleaning equipment, sterilizers, and mop sinks.
  - Auxiliary areas such as storage rooms, basements and/or cellars used for storage or cleaning, public waiting & front-counter areas, and staff break areas.
  - Provide a color-coded flow chart demonstrating flow patterns for receiving, storage, preparation, use, holding/disposal, cleaning, sterilizing
- Include and provide specifications for:
  - Entrances, exits
  - Location for the storage of personal items such as locker areas and employee break areas.
  - Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
  - Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment, backflow prevention, and wastewater line connections;
  - Lighting and reflected ceiling plan – indicate the types of lights and shielding. Specify ceiling finish.

*I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the EHS Program may nullify final approval and may delay or prevent timely opening of my establishment.*

Signature of Applicant	Print Name	Date