**BODY ART EVENT**

**EVENT ORGANIZER APPLICATION**(**Submit 30 days in advance of the event)**

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| Name of Event:                                          Date(s) of Event:  Name of Event Organizer:                                          Time(s) of Event:  Address of Event:                                               City:                      Zip Code:  Organizer Address:                                              City:                      Zip Code:            Organizer Telephone #:                     FAX:                      Email:  Person(s) in charge:                                          On-site Telephone #: |

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| SITE PLAN | DEMONSTRATION BOOTHS |
| **Submit a site plan showing the general layout of the event indicating location of the following**   1. Booths 2. Water Supply 3. Toilet and Hand Washing Facilities 4. Trash Disposal Containers (quantity) 5. Location of Decontamination/Sterilization areas (quantity) 6. Back-up supplies | **Body art booths must be located within a building, with a partition at least 3 feet high to separate the procedure area from the public, and equipped with adequate light and a sharps waste container.**  Total # of booths performing body art \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    All body art booths using pre-sterilized, disposable equipment?    If No, complete decontamination/sterilization area information. |

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| DECONTAMINATION/STERILIZATION AREAS |
| Is Sterilization completed on site?  Yes  No   * If Yes, please complete the following, otherwise skip to next section.   Type of sink:  Permanent  Portable  Portable Service Company Name:                  Portable Service Company Address:                 Ultrasonic (Model):                      Autoclave (Model):                                                    Date of last spore test:                 Is the decontamination/sterilization area operated by the event organizer?  Yes  No   * If “YES”, provide a copy of the procedures for decontamination area, a log book with records of each load including date, contents, exposure time and temperature, integrator results, and spore test results onsite.   Provide a copy of bloodborne pathogen training certificates for all employees working in the decontamination area. |

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| TEMPORARY HANDWASH FACILITIES |
| **Each temporary hand washing station must have 5-gallons or more of potable water accessible via spigot. Soap, single-use towels and a wastewater collector/ holding tank are required at each station. Up to eight booths may share a hand washing station. The location of shared facilities must be approved by the local enforcement agency.**  Number of hand washing stations:             Service Provider Name:                                                Service Provider Address: |

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| RESTROOMS |
| Number of toilets:                 For multi-day events, how often will toilet facilities be cleaned?                 times/day  Number of hand washing sinks:                 Warm water available  Yes  No |

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| WASTE DISPOSAL | |
| SHARPS DISPOSAL | TRASH DISPOSAL |
| Number of sharp containers per booth:  **Provide the information below for the sharps waste disposal company.**  Name:  Address:                                      Telephone:                                           **Provide a copy of the agreement with the company responsible for removal of all sharps waste containers.** | Number of trash containers:  How often are trash containers emptied?            times/day |

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| BACKUP SUPPLIES |
| Booth Name and Number where single use supplies for practitioner purchase and use are available  Booth Name:                                          Booth Number:  Booth Name:                                          Booth Number:  Booth Name:                                          Booth Number: |

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| FORMS AND DOCUMENTS |
| Client Consent, Medical History, Aftercare Instructions, Client Procedure Log on site and provided by:  Organizer  Booth Operator |

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| EVENT ORGANIZER ACKNOWLEDGEMENT | |
| I understand I shall provide a list of participating booth operators two weeks before the event. I will have back-up supplies available for purchase; and will post in a conspicuous place the name, telephone number, and directions to an emergency room near the event.  I understand that all body art practitioners who will be participating in the event must be registered and approved by the Env Hlth Division beforehand, must have approved bloodborne pathogen training and provide Hepatitis B vaccination status.  I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.  I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected body art booths, and/or may result in an administrative fine.  I understand that I am responsible for obtaining approval from all applicable agencies.  I understand that once the application is reviewed the application fee is non-refundable.  **APPLICATION COMPLETED BY:** | |
| Print Name: | Telephone: |
| Signature: | Cell Phone: |

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