

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

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_ to \_\_\_\_\_  
 Name of Event Organizer: \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_ to \_\_\_\_\_  
 Address of Event: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Address of Event Organizer: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 On-site Phone: \_\_\_\_\_ Person(s) in charge: \_\_\_\_\_

SITE PLAN	NUMBER OF BODY ART BOOTHS
<p><b>Submit a site plan showing the general layout of the event indicating location of the following:</b></p> <ol style="list-style-type: none"> <li>Booths</li> <li>Water Supply</li> <li>Toilet and Hand Washing Facilities</li> <li>Trash Disposal Containers (quantity)</li> <li>Location of Decontamination/Sterilization areas (quantity)</li> <li>Back-up supplies</li> </ol>	<p>Total # of booths performing body art _____</p> <p>All body art booths using pre-sterilized, disposable equipment?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If No, complete decontamination sanitation area information.</p>

**BODY ART BOOTHS**

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.

Responsible Party:       Event Organizer       Body Art Operator

**DECONTAMINATION/SANITATION AREAS**

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 certificate for all employees working in the decontamination area.

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_      **Amount Paid:** \_\_\_\_\_      **Receipt #:** \_\_\_\_\_      **Approved By:** \_\_\_\_\_

### BODY ART BOOTH HAND WASHING STATION

For each hand washing station 5-gallons or more of water accessible via spigot, soap, single-use towels and a wastewater collector/ holding tank is required. Up to four 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: \_\_\_\_\_ Hand washing stations provided by:  Event Organizer  Body Art Operator

Service Provider Name: \_\_\_\_\_

Service Provider Address: \_\_\_\_\_

### PUBLIC TOILET FACILITIES

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

### WASTE DISPOSAL

Number of sharp containers per booth: \_\_\_\_\_

Number of trash containers: \_\_\_\_\_ How often are trash containers emptied? \_\_\_\_\_ times/day

**Provide a copy of the agreement with the company responsible for removal of all sharps waste containers. Provide the information below for the sharps waste disposal company.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### EVENT ORGANIZER ACKNOWLEDGEMENT

I understand I shall provide a list of all booth operators participating in the event; to have back-up supplies available for purchase; and 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 beforehand, including bloodborne pathogen training and 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: \_\_\_\_\_