



**Check List for Plan Approval of Body Art Facilities**

**Plans for:**

Name of Facility \_\_\_\_\_  
 Address \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Architect/Contractor \_\_\_\_\_ Number of procedure areas \_\_\_\_\_  
 Date Received \_\_\_\_\_ Date(s) Reviewed \_\_\_\_\_  
 Plans Approved? Yes ( ) No ( )                      Date Approved \_\_\_\_\_  
 \*\*\*NOTE: See addendum letter dated \_\_\_\_\_ \*\*\*

**FINISH SCHEDULE**

\* Not Approved/Need Statement      \*\*Submit Samples

Room Name	Floor Finishes	Wall Finishes	Ceiling Finishes	Approved	Not Approved (describe why)

<b>I. <u>Miscellaneous</u></b>		
a.	Separation of procedure, retail, and sterilization areas (by physical means or adequate spacing)	
b.	List of procedures offered (forms submitted)	
c.	Single-use sterile items provided	
d.	Adequate work space provided in procedure area (minimum of 35 <sup>2</sup> ft)	
e.	Provisions for client privacy provided in procedure area	
<b>II. <u>Effective Vermin Control</u></b>		
a.	All openable windows screened	
b.	All exterior doors self-closing & tight-fitting	
<b>III. <u>Facilities for Employees</u></b>		
a.	Adequate hand washing lavatories provided and conveniently located (in sterilization room, procedure areas, and bathrooms)	
b.	Liquid soap and sanitary towels installed at all hand sinks	
c.	Hot and cold water supplied to all hand sinks with a mixing-type faucet (no aerator)	
d.	Employees storage area/lockers provided	
<b>IV. <u>Sewage Disposal</u></b>		
a.	Site approval by local county health department, if private sewage disposal system proposed	
b.	Adequate plans approved, if private or community type system is proposed	
<b>V. <u>Plumbing System</u></b>		
a.	Water from an approved source (public ___/ private ___)	
b.	Utensil washing sink provided and properly installed	
<b>VI. <u>Hot Water Supply</u></b>		
a.	Hot water provided to all hand sinks, utensil sink, and utility sink	
b.	Mop sink or curbed cleaning facility provided and properly located	
<b>VII. <u>Equipment: Design, Construction, and Installation</u></b>		
a.	All equipment and utensils made of approved materials	
b.	Ultrasonic cleaner provided (unless using all disposables)	
c.	Autoclave or heat sterilizer provided (unless using all disposables) (spec sheet provided)	
d.	Adequate approved storage provided for supplies	
e.	Adequate approved storage provided for utensils	
f.	Adequate approved storage provided for poisonous or toxic materials	
g.	Utility conduits (gas, water, electric, etc.) shall be located and properly installed as to facilitate easy cleaning of floors, walls, ceilings, and equipment	
h.	All equipment, new or used, meets requirements	
i.	Proper bio-medical waste/sharps disposal and containers provided	
j.	Proper waste receptacles provided for refuse	
k.	Proper record retention space provided (unless kept digitally)	

<b>VIII. <u>Ventilation</u></b>		
a.	Adequate (in required areas)	
<b>IX. <u>Garbage</u></b>		
a.	Outdoor area provided for garbage or dumpster	
b.	All outside garbage containers are leak-proof and have tight fitting lids or covers	
<b>X. <u>Lighting</u></b>		
a.	20 foot-candles of light in all procedure areas	
b.	100 foot-candles of light at all procedure levels	
<b>XI. <u>Restroom Facilities</u></b>		
a.	Adequate facilities provided	
b.	Adequate size and arrangement	
<b>Note:</b> Requirement for public toilet facilities, handicap requirements, and number of fixtures (water closets, urinals, lavatories, etc.) is to be determined by the City Plumbing Dept., when in their jurisdiction.		
<b>XIII. <u>Forms</u></b>		
a.	Medical history form	
b.	Aftercare forms (procedure specific)	
c.	Minor consent form	
d.	Client information form	
e.	Disclosure statement	

**ADDITIONAL INFORMATION**

Further inquiries may be directed to: Alabama Department of Public Health  
 Bureau of Environmental Services  
 201 Monroe Street – Suite 1250  
 Montgomery, AL 36104  
 (334) 206-5375  
<https://www.alabamapublichealth.gov/environmental/>