



# State of Louisiana

Louisiana Department of Health  
Office of Public Health  
Food and Drug/Milk and Dairy Unit

## PLANS REVIEW QUESTIONNAIRE FOR COMMERCIAL BODY ART ESTABLISHMENTS

### Instructions

**Complete this form in its entirety.**

- If an individual other than the owner completes this form, a letter of authorization from the owner delegating this responsibility must be provided.
- Incomplete information will delay the review and plan approval. Provide all necessary paperwork indicated below, as well as all other requested information. Incomplete questionnaires will be returned without review.
- **All plans documents should be submitted to your regional inspector for review.**

### Establishment Information

Today's Date \_\_\_\_\_ Proposed Opening Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_ Business Phone \_\_\_\_\_

Address of Establishment \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name of Owner \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address of Owner \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Type of plan review (check one):  New Establishment  Remodel

Number of procedure areas: \_\_\_\_\_

Useable square footage of establishment: \_\_\_\_\_

*Useable square footage is defined as square footage that is subject to common use by employees and clients and would specifically exclude toilet rooms, corridors, stairwells, vertical shafts, equipment rooms, crawlspaces, and storage closets.*

Is the square footage being increased or decreased? If so, indicate previous useable square footage: \_\_\_\_\_

Services Offered (check all that apply):

Tattoo  Body Piercing  Other (describe): \_\_\_\_\_

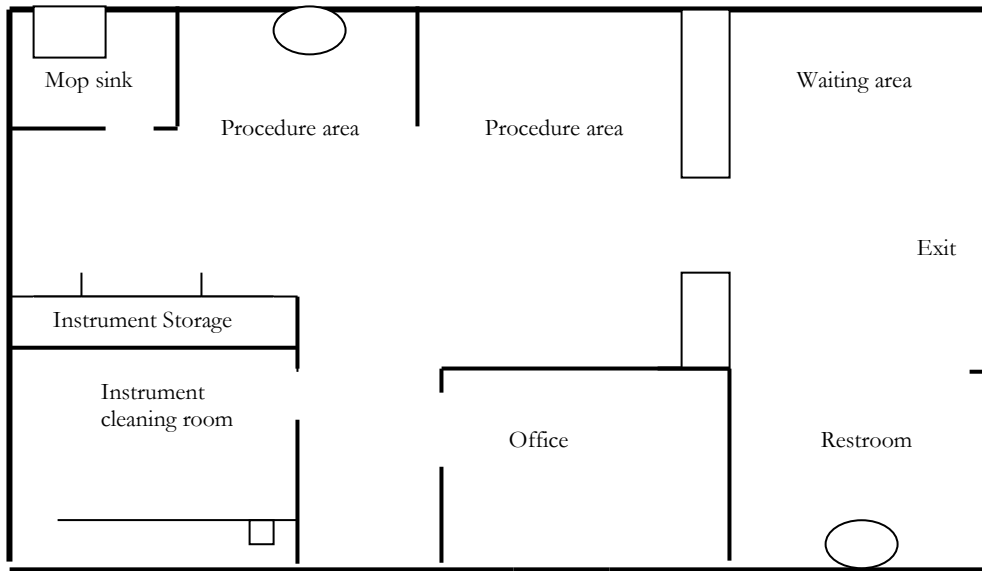
List of Operators: \_\_\_\_\_

\_\_\_\_\_

## Floor Plan Design

Provide a detailed floor plan of the establishment, drawn approximately to scale. (See SAMPLE FLOOR PLAN below to ensure all required information is provided). Attach the drawing or use the space provided on this page. Include the location and identification of the equipment listed below:

Hand sinks	Waiting area
Procedure area	Mop/utility sink
Instrument cleaning room	Sterilizer
Instrument Storage	Restroom
Exit	Office or private business area



**Draw in Floor Plan Design here or Submit on a Separate Sheet:**

## Finish Schedule

Provide a complete finish schedule for the establishment in the blank table below. (Note: SAMPLE ROOM FINISHES at the top of this table are examples to ensure all required information is provided).

### **Example:**

Room Name	Floors		Walls (Material and Finish)				Ceilings	
	Material	Finish	North	South	East	West	Material	Finish
Procedure Area	Tile	Ceramic	Dry wall Painted	Dry wall Painted	Dry wall Painted	Dry wall Painted	Tile	Vinyl
Clean Room	Concrete	Sealed	Dry wall Painted	Dry wall Painted	Dry wall Painted	Dry wall Painted	Tile	Vinyl
Restroom	Tile	Ceramic	Dry wall Painted	Dry wall Painted	Dry wall Painted	Dry wall Painted	Tile	Vinyl

### **Complete this portion:**


Room Name	Floors		Walls (Material and Finish)				Ceilings	
	Material	Finish	North	South	East	West	Material	Finish

**Recent Water Bill**

**Provide a recent water bill for the premises in question.** The bill does not need to be in the owner's name nor does it need to contain any personal information or dollar amounts. This is a way for the department to verify that the firm has a community water and sewer connection. If no bill is available because the facility is in an area with no available community water, you will need to provide a coliform test through an approved LDH laboratory of the potable water source. Contact your local [parish health unit](#) for information on obtaining these documents/services. Note that any new private water systems must be approved by the OPH regional Engineering staff and any new onsite sewage treatment and disposal system installations must be approved by the local parish health unit.

See the example below:

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**City of Shreveport**  
 Department of Water and Sewerage  
 PO Box 30065  
 Shreveport, LA 71153-0065  
 Customer Service: 673-5510  
 24-Hour Emergency: 673-7600

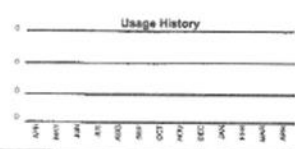
**Account Summary as of 04/11/14**

Previous Balance:	\$
Payments:	-\$
Adjustments:	\$
Current Charges:	\$
Account Balance:	\$
Additional charges if not paid by 05/02/14	

Account Number:

**Customer and Service Address:**

Your 12 Month Water Usage in Thousand Gallons



Period	Days	Water Usage	Daily Average
Current	29	0 Gallons	0 Gallons
Last Bill	31	0 TGal	0 Gallons
Year Ago	32	0 TGal	0 Gallons

**Reading Period Covers:** March 10, 2014 - April 08, 2014

Meter No.	Water Size	Prior Read	Current Read	Thousand Gallons
B18015891	3/4 inch	0	0	0

**BILLING DETAILS**

**Previous Activity:**

Previous Balance	\$
Payment Received 03/24/14- Thank You	-\$
Balance Forward	\$

**Current Charges:**

Water Customer Charge	\$
Additional Fees: Security	\$
Total Current Charges	\$


**TOTAL AMOUNT DUE** \$

Join hundreds of citizens in cleaning and beautifying their neighborhood during the Great American Cleanup, April 14, 2014, and enjoy a volunteer celebration from 11am-12pm. For more information call Shreveport Green, Cassandra Caloway, 219-1888 ext 20 or email: [ccaloway@shreveportgreen.org](mailto:ccaloway@shreveportgreen.org)

Do Great! Sign up to receive your bill via email or pay your bill online at [www.shreveportga.gov](http://www.shreveportga.gov)


Please detach and return the bottom portion with your payment.

**MAKE CHECKS PAYABLE TO**



**City of Shreveport**  
 Department of Water and Sewerage  
 PO Box 30065  
 Shreveport, LA 71153-0065  
 ADDRESS SERVICE REQUESTED

Account #




**Service Address:** 5323 HEARNE AVE

**Due Date:** May 02, 2014

**Total Amount Due:** \$

**Amount Enclosed:** \$

**Total Amount Due After Due Date:** \$



3443 1 AT 0.406 14206-SHRS91575-SS.1GRP-3443

003443

City of Shreveport  
 Department of Water and Sewerage  
 PO Box 30065  
 Shreveport, LA 71153-0065

00001324603005000000603000000633141010

## Waste and Wastewater Disposal

- A. *List the name of the refuse disposal company contracted by your firm/for the property in question:*
- 

- B. *Provide a copy of your infectious waste disposal plan.*

*Refer to the guidance document available here regarding the appropriate disposal of sharps and non-sharps waste: [http://ldh.louisiana.gov/assets/oph/Center-EH/sanitarian/fooddrug/commercial\\_body\\_art/RulesRegardingtheProperDisposalofBiohazardousWaste.pdf](http://ldh.louisiana.gov/assets/oph/Center-EH/sanitarian/fooddrug/commercial_body_art/RulesRegardingtheProperDisposalofBiohazardousWaste.pdf). Part of your plans submission must include a detailed outline of how such waste is to be collected, stored, and transported from the premises; you will be expected to adhere to the plan provided. The plan should be signed and dated by the owner of the business. Any updates to the plan due to a change in biomedical waste transport companies, change in types of containers used, or alterations to timelines pertaining to storage and disposal must be approved by this office and should be submitted to your inspector as soon as they are under consideration.*

*Here is an example of such a plan. You must devise your own and include it with your submission.*

Sharps waste: Each station will be equipped with a 5-quart sharps container purchased from Uline.com. As containers are filled, they will be placed into a 10-gallon biohazard trash bag (also purchased from Uline), filled with plaster of Paris and stored in the waste storage room, which is locked at all times. When the bag is full or every three weeks, the shop owner or manager will place the sealed bag in the dumpster provided by Waste Management for removal.

Non-sharps waste: Each station will be equipped with a 6-gallon biohazard waste can purchased from Uline.com and lined with a 10-gallon biohazard liner. Once the receptacle is full or every 30 days, the liner will be sealed and placed inside a second liner of the same size and the sealed bag will be placed in the dumpster provided by Waste Management for removal.

- C. *Provide the name of the community sewer system servicing this facility. If the facility is not tied to a community system, provide a copy of the LDH-issued permit for the private system that is installed on the premises. If you cannot locate the permit or the system exceeds two years of age, you must provide an installer certification that the system is functioning properly and a pumpout receipt for the tank.*
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## Sterilization Equipment and Documentation Required

*Every facility that intends to use any quantity of multi-service equipment must have a functioning steam or ethylene oxide autoclave as well as a designated room for that autoclave with a lavatory for pre-washing materials prior to sterilization. Prior to the issuance of a facility registration, the registrant must provide a copy of a spore test result to the inspector for the autoclave demonstrating that it is functioning as intended. Alternatively, any facility that intends to use single-service equipment **only** must provide a signed, dated letter to this effect as part of the plans review process. Because nonsterile equipment is a major potential source of bloodborne infections, no registration will be issued to any facility that does not provide this documentation.*

## Activities Prohibited in Louisiana

Review and acknowledge the following by checking each box. Sign and date below where indicated.

- Performing CBA on anyone who appears to be intoxicated or under the influence of pharmaceuticals
- Performing CBA on anyone who shows evidence of intravenous drug use
- Performing CBA on anyone who shows evidence of sunburn, rashes, eczema, psoriasis, lesions, or other open wounds or skin conditions in the treatment area
- Performing CBA on anyone under the age of 18 without the presence, proper identification, and written consent of a parent or guardian (this is a violation of the Louisiana Criminal Code)
- Performing CBA in a mobile unit, residence, garage, or other unapproved premises

### **Attach the following items to this packet and return:**

- The water bill referenced above
- Copy of a spore test or a certification letter that only disposable equipment will be used in the facility
- Copy of contract with a red bag/sharps waste transporter and/or infectious waste disposal plan, as described on page 5, above
- Copy of aftercare instructions to clients and blank consent/procedure records
- Copy of coliform test/permit application for OSTDS/OSTDS pump-out and certification (if applicable)

### **Retain the following items and provide them to your inspector during his preoperational visit:**

- Completed FD-55 application form for the facility
- Completed FD-56 application form for each operator or manager
- Remittance in the form of a money order or cashier's check in the amount of \$1,000 for the initial facility application
- Remittance in the form of a money order or cashier's check in the amount of \$100 for each new operator (*or operator new to this firm*) or \$60 for each operator who is renewing a registration
- Training cards or certificates **from an approved provider** for the current year for each operator

*I have read and understood this document and Part XXVIII of Title 51 of the Louisiana Administrative Code. As a body art establishment operator, I understand that it is my responsibility to maintain compliance with the regulations, and that noncompliance may subject me to the assessment of substantial civil penalties, or other enforcement action(s) as provided for in §105-113 of Part I and §501-507 of Part XXVIII of Title 51, L.A.C.*

Owner Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_