

# Application for a Body Art Facility License

Print or Type

**SECTION A: GENERAL INFORMATION** *NOTE:* Licenses expire March 31<sup>st</sup> of odd numbered years.

<input type="checkbox"/> <b>NEW FACILITY</b>			
1	Name of Facility:		
2	Address:	Street/PO/Route:	
		City:	State: Zip:
3	Telephone Number:		
4	Owner(s) Name:		

<input type="checkbox"/> <b>OWNER CHANGE</b>			
1	Name of Facility:		
2	Address:	Street/PO/Route:	
		City:	State: Zip:
3	Telephone Number:		
4	Name of <b>NEW OWNER</b> (s):		

<input type="checkbox"/> <b>LOCATION CHANGE</b>			
1	Name of Facility:		
2	<b>NEW ADDRESS:</b>	Street/PO/Route:	
		City:	State: Zip:
3	Telephone Number:		
4	Name of Owner(s):		

<input type="checkbox"/> <b>NAME CHANGE</b> <span style="float: right;"><b>FEE: \$10</b></span>			
1	Previous Name of Facility:		
2	Address:	Street/PO/Route:	
		City:	State: Zip:
3	<b>NEW NAME</b> of Facility:		
4	Name of Owner(s):		

**Fees for Initial License, Change of Owner, and Change of Location – Based on Date license will be issued.**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>Even Number Year</b>	150	150	150	150	150	150	150	150	150	37.50	37.50	37.50
<b>Odd Numbered Year</b>	37.50	37.50	37.50	150	150	150	150	150	150	150	150	150

**Pay by check or money order to: Licensure Unit.** Payment is processed upon receipt. **We are unable to accept electronic payments**

If you plan to **operate** a body art facility in **Lancaster County**, you must also be licensed by the Lancaster County Health Department. Contact: <https://lincoln.ne.gov/city/health/environ/BodyArt.htm> or 402-447-6280

**SECTION B:  
FLOOR PLAN and SELF-INSPECTION FOR NEW APPLICATIONS AND CHANGE OF LOCATION**

- a. Attach a floor plan of the facility, which includes identifying the restroom(s), sinks, and any connecting building/living space.
- b. Complete the attached SELF-Inspection.

**SECTION C: OWNER INFORMATION**

**Check the type of owner of this business:**

<input type="checkbox"/> Sole Proprietorship (sole owner)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited 1 liability company that has only one member	<input type="checkbox"/> Limited liability company that has <b>more than</b> one member
<input type="checkbox"/> Corporation	<input type="checkbox"/> Governmental Unit
<input type="checkbox"/> Other: Identify Type:	

**SOLE OWNER OR PARTNERSHIP:**

**Complete the following if the body art facility is owned by a sole owner or partnership:**

1	Full name of the Business Owner(s) or Partners:	Name:	Date of Birth:	
		Name:	Date of Birth:	
2	Address of the Business Owner(s):	Street/PO/Route:		
		City:	State:	Zip:
3	If the applicant is a <b>sole owner</b> , identify the social security number of the owner (this is <b>REQUIRED INFORMATION</b> ) Social security numbers obtained under this section shall not be public information but may be shared by the department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to such information.			SS #:
4	Business Phone #: (optional)	Business Fax #: (optional)	Owner/Business E-Mail Address: (optional)	

**CONVICTION INFORMATION:** If **SOLE Owner or Partnership**, You **must list ALL** misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

Have you <b>EVER</b> been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides <b>SOME</b> examples of convictions; this is <b>NOT</b> a complete list	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**NOTE:** If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

**CORPORATION OR LIMITED LIABILITY COMPANY OR GOVERNMENT UNIT:**

Complete the following information if the facility is owned by a corporation, limited liability or government unit:

1	Name of Corporation, LLC, or Government Unit:				
2	Mailing address of the Business Owner(s) or corporate office. This should be an address <b>different from</b> the facility address:	Street/PO/Route:			
		City:	State:	Zip:	
3	Federal Identification Number (FIN or EIN required in the event a refund is warranted)	FIN (EIN) #:			
4	Business Phone #: (optional)	Business Fax #: (optional)	Owner/Business E-Mail Address: (optional)		
5	Name of each Person in Control of the Business <small>(if space is not adequate, attach additional sheet)</small>				

**SECTION D: OPERATION INFORMATION**

1	Anticipated Opening Date:				
2	Hours Facility Is Open Daily:	<b>Sunday</b>	_____ am	to	_____ pm
		<b>Monday</b>	_____ am	to	_____ pm
		<b>Tuesday</b>	_____ am	to	_____ pm
		<b>Wednesday</b>	_____ am	to	_____ pm
		<b>Thursday</b>	_____ am	to	_____ pm
		<b>Friday</b>	_____ am	to	_____ pm
		<b>Saturday</b>	_____ am	to	_____ pm

**SECTION E: PRACTICE PRIOR TO CREDENTIAL**

An individual who operates a facility prior to issuance of a license subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the license.

1	Have <b>YOU</b> operated this body art facility <b>at this address</b> in Nebraska without a NEBRASKA body art facility license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have <b>YOU</b> operated this body art facility <b>at this address</b> in Nebraska after the expiration date of your body art facility license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer yes to either question above, what are the number of days you operated the facility:		# of days: _____

**SECTION F: ATTESTATION**

If you are the **SOLE OWNER OF THE FACILITY**, you must complete the following information:

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 (check **ONE** of the boxes below), I attest that:

I am a citizen of the United States;

**OR**

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**NOTE:** You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**ALL APPLICANT MUST sign (as listed below) and date**

1. By the sole owner, partners or the only member of a limited liability company that has only one member.
2. Limited Liability Company: by 2 of its members
3. Corporation: by 2 of its officers
4. Governmental unit having jurisdiction over the business: by the head of the governmental unit
5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official

\_\_\_\_\_  
Signature of Owner/Representative as listed above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Representative as listed above

\_\_\_\_\_  
Date

**BODY ART FACILITY  
SELF INSPECTION REPORT**

This self-inspection **must be completed** for **NEW and CHANGE OF LOCATION APPLICATIONS**

**MUST be completed by the OWNER of the Body Art Facility**

Instructions for completing the SELF-INSPECTION

1. Complete the following information:

Facility Name:	
Address:	
Owner:	
Tele #:	

2. On page 1 (SECTION A) of the attached form, list your business hours for each day that your facility is open.
3. List the first and last names of each person who will be providing body art services within your facility. Then identify the type of service each person will be providing by marking the appropriate box(s).
4. Complete SECTION B on pages 1 - 7. Review each regulation listed. Now perform a self-INSPECTION of your facility and rate each regulation by marking either 'yes' or 'no' in the appropriate column. To pass the INSPECTION, you must have a rating of YES for all regulations listed on the self-INSPECTION form.
5. After completing the self-INSPECTION, sign your name and date the form on page 7.
6. Return this self-INSPECTION (and this instruction page) with your application for a body art facility license.
7. If the Department approves your SELF-INSPECTION and application for a body art facility, you will be sent a license to operate. A State of Nebraska inspector will complete an unannounced inspection of your facility in the future, to assure that you have met all regulations listed on the self-INSPECTION, and to assure that all persons providing body art within your facility are licensed.

If your facility receives an inspection rating of less than 100%, submit evidence to the department within 15 days providing proof of corrective action taken. A repeat inspection will be conducted within 60 days after the original inspection to determine if corrective action has occurred. The department may assess a fee for each repeat inspection required.

If the facility receives an unsatisfactory rating on the repeat inspection, or if evidence is not submitted within 15 days, the license will immediately be placed on inactive status pending action by the department, and the facility may not operate in any manner while its license is inactive.

**SECTION A**

Days and Hours of Operation:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
<b>LIST THE NAMES OF PERSON WHO WILL PROVIDE BODY ART</b>					<b>mark type of services for each → and the license number of each person</b>		Body Brander	Permanent Color Technician	Body Piercer	Tattoo Artist

**SECTION B**

#	Regulation	Rating		
		Yes	No	
1	Documents Posted	a. A copy of 172 NAC 44 (the regulations governing sanitation and safety) is posted for the information and guidance of all persons employed and for the general public.		
		b. Pamphlets or literature explaining body art aftercare are posted.		
2	Client Records	a. Name, Address, Date of Birth, and ID # (driver's license, military ID, State ID, passport, etc) of client;		
		b. Any known allergies.		
		c. Any condition that may affect/hamper healing.		
		d. The name of the body artist who performed the procedure.		
		e. The date of the procedure.		
		f. The location of the procedure on the client's body.		
		g. A description of the type of procedure provided.		
		h. Consent form for all persons under 18 years of age.		
3	Record Keeping and Retention Schedule	a. Photo identification of each person providing body art procedures.		
		b. Client records, are maintained in a confidential manner, and are retained for 3 years (starting April 1, 2005).		
		c. Consent forms for persons under the age of 18 which are kept for 5 years (starting April 1, 2005).		
4	Surfaces	All walls, floors and all procedure surfaces in rooms or areas where body art procedures are performed are smooth, washable, and in good repair.		
5	Address	The body art facility has a dedicated physical address.		

			Yes	No
6	Entrance and Exits	a. An entrance leading directly into the facility. Exception: Body art facility located in a nail technology salon or cosmetology salon may share an entrance into the entire facility, however, the body art facility must be separated by at least 6-foot-high walls.		
	The body art facility has:	c. No direct opening between the body art facility and any building or portion of a building used as living or sleeping quarters or as a food, liquor, or tobacco facility.		
		d. The openings to the outside are protected by means of self-closing doors or screened/closed windows to prevent the presence of insects, vermin, or rodents.		
7	Privacy Area	Has an area that can be screened from public view for customers requesting privacy or for all genitalia body art procedures.		
8	Ventilation	a. Has a ventilation system which is in good, working condition; <u>or</u>		
		b. A furnace or air conditioner in which: <ul style="list-style-type: none"> <li>• The air distribution system filters are cleaned or replaced annually or more often if needed to avoid restriction of airflow; and</li> <li>• The furnace fan setting is placed on “continuous” or “on” setting at all times the facility is occupied to ensure fresh air is coming into the facility; <u>or</u></li> </ul>		
		c. Open windows/doors with a screen and a fan to provide and circulate fresh outside air.		
9	Water	a. In cities or villages in which an authorized public water supply is available, the facility is connected to the public water supply and comply with state law, city or village ordinances, and local health authority requirements.		
		b. Wastewater is disposed of through a system that carries it away from buildings and is either: <ul style="list-style-type: none"> <li>• A public sewer connection; or</li> <li>• A private disposal system that complies with state law, city or village ordinances, and local health authority requirements.</li> </ul>		
10	Safety	a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and in good repair.		
		b. Floors are free of unsafe objects and slippery or uneven surfaces.		
		c. Doors, stairways, passageways, aisles or other means of exit provide safe and adequate access.		
		d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution.		
		e. Water or product spills on the floor are removed immediately and the floor is dried to avoid falls.		

		Yes	No	
11	Required Equipment/ Furnishings	a. <u>Hand washing sink</u> , which is clean and includes: <ul style="list-style-type: none"> <li>• Hot and cold running water that passes through a mixing type of faucet;</li> <li>• Liquid or foam soap;</li> <li>• Single-use paper towels; and</li> <li>• Waste receptacle.</li> </ul>		
		b. <u>Equipment washing sink for employee use only</u> , which is clean and includes: <ul style="list-style-type: none"> <li>• Hot and cold running water that passes through a mixing type of faucet;</li> <li>• Liquid or foam soap;</li> <li>• Single-use paper towels; and</li> <li>• Waste receptacle.</li> </ul> <input type="checkbox"/> <b>I do not have an equipment washing sink because I use all disposable equipment</b>		
		c. <u>Sharps Container</u> : Contaminated sharps are disposed of in approved sharps container in a manner to ensure the prevention of cross-contamination.		
		d. <u>Waste Receptacle</u> : At least 1 waste receptacle for each workstation, which is covered and has a plastic liner.		
		e. <u>Work Tables or Counters</u> : All work table or counters are smooth, non-absorbent, non-porous and cleanable. Each workstation includes a surface cleaner (germicidal).		
		f. <u>Disposable Ink Caps</u> : Ink caps are required if providing tattooing and permanent color technology procedures. <ul style="list-style-type: none"> <li>• If the licensee uses an ink cap holder, the holder is smooth, non-absorbent, non-porous and sterilizable.</li> </ul>		
		h. <u>First Aid Kit</u> : There is at least 1 first aid kit in the facility.		
		i. <u>Customer Chair(s) and Body Artist(s) Chairs</u> : The chairs are made of cleanable material; cloth chairs are not acceptable.		
		j. <u>Storage Cabinets or Containers</u> : Clean cabinets/containers for storing clean and sterilized instruments and supplies.		
		g. <u>Barriers</u> : A barrier is used to ensure the prevention of cross-contamination.		
h. <u>Autoclave(s)</u> : Autoclave(s) used for sterilizing metal tools/equipment are clean and the owner ensures that the employee follows manufacturer's direction for use. <ul style="list-style-type: none"> <li>• If all disposable equipment/instruments are used, an autoclave is not required.</li> <li>• If ultrasonic cleaning units or dry heat sterilizers are used, they must not be the only means of sterilization and must be used and maintained in accord with manufacturer's recommendations and be kept clean and sanitary.</li> </ul>	<input type="checkbox"/> <b>Yes, I have an autoclave</b>	<input type="checkbox"/> <b>No, I do not have an autoclave, because I use all disposable equipment and instruments</b>		
12	Furniture	Furniture is in good repair and sanitary.		

		Yes	No	
13	Storage	a. <u>Flammable and combustible chemicals</u> are stored away from potential sources of ignition such as an open flame or an electrical device.		
		b. All <u>chemicals are stored</u> in closed bottles or containers and labeled.		
		c. No <u>cleaning/sterilizing products</u> are stored: <ul style="list-style-type: none"> <li>• Where food is kept;</li> <li>• In the restroom, unless in a locked cabinet; or</li> <li>• With single use supplies.</li> </ul>		
		d. <u>Storage units</u> : <ul style="list-style-type: none"> <li>• Cabinets, drawers, containers used for storage of supplies, instruments and towels are clean.</li> </ul>		
		e. <u>Supplies</u> : <ul style="list-style-type: none"> <li>• Unused supplies are stored in a clean, enclosed container or drawer;</li> <li>• Used/soiled disposable supplies are discarded immediately in a clean, closed waste receptacle with a plastic liner; and</li> <li>• Labeled accordingly.</li> </ul>		
		f. <u>Instrument Storage</u> : <ul style="list-style-type: none"> <li>• Instruments that have been used on a client or soiled in any manner are placed in a properly labeled covered receptacle until sterilized; and</li> <li>• Sterilized instruments are individually packed and stored in a clean closed container or drawer until used.</li> </ul>		
		g. <u>Contaminated sharps</u> are stored and disposed of in approved sharps container to ensure the prevention of cross-contamination.		
		h. <u>Infectious Waste</u> is: <ul style="list-style-type: none"> <li>• Handled and stored so that human exposure is prevented.es</li> </ul>		
14	Towels and Linens	a. <u>Used/Soiled Towel/Linen Storage</u> : <ul style="list-style-type: none"> <li>• Cloth linens (such as capes) are deposited in a closed receptacle after use;</li> <li>• Used/soiled cloth linens are not used again until properly laundered and sanitized; and</li> <li>• Only disposable single-use towels are used for body art services and are discarded in a closed waste receptacle, with a plastic liner, immediately following each body art service.</li> </ul>		
		b. <u>Laundry</u> : Cloth towels are laundered either: <ul style="list-style-type: none"> <li>• By regular commercial laundering; or</li> <li>• By a noncommercial laundering process which includes immersion in water at 140 degrees Fahrenheit for not less than 15 minutes during the washing or rinsing operation.</li> </ul>		
		c. <u>Clean Towel/Linen Storage</u> : <ul style="list-style-type: none"> <li>• All clean linens are stored in a clean, enclosed cabinet or container until used.</li> <li>• All disposable towels are stored in a clean, enclosed cabinet or container until used.</li> </ul>		

			Yes	No
15	Products	a. All liquids, cosmetics, creams, gels, pastes, powders, and other products are kept in clean, closed containers.		
		b. Original product bottles and containers have an original manufacturer label.		
		c. When only a portion of the product is to be used on a client, the product is removed from the container by a spatula, scoop, spoon, or dropper so that the product does not come in direct contact with the client and to assure the remaining product is not contaminated.		
		d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product.		
16	Supplies, Products and Materials	a. Supplies and implements which come in direct contact with a client and cannot be disinfected, such as cotton pads, cotton balls, pads, "Q-tips", sponges, bandages, tapes, surgical dressing and other similar items, are disposed of in a covered waste receptacle, with a plastic liner, immediately after use.		
		b. All products applied to the skin, including stencils are single-use and disposable. Acetate stencils are not allowed for re-use if sanitization procedures are not performed between uses. Petroleum jellies, soaps, and other products used in the application of stencils are dispensed and applied on the area to be tattooed with sterile gauze or in a manner to prevent contamination of the original container and its contents. The gauze is used only once and then discarded.		
17	Pigments, Colors and Dyes	Pigments, colors and dyes used from stock solutions for each customer are placed in a single-use receptacle and the receptacle and remaining solution is discarded and disposed of after each use.		
18	Rash or Infection	a. No licensee affected with boils, infected wounds, open sores, abrasions, keloids, weeping dermatological lesions, rash or acute respiratory infection may work in any capacity in which there is likelihood that they could contaminate body art equipment, supplies, or working surfaces with body substances or pathogenic organisms.		
		b. A client does not receive body art procedures on areas which are irritated/inflamed or have moles, rash, broken skin, or infection.		
19	Licensee Hand Cleanliness	Every body artist washes his/her hands thoroughly with liquid or foam soap and water and dries them with single use disposable towels, before and after serving each client and at any time during the procedure when the hands become contaminated and must be discarded in a closed receptacle with a disposable liner, immediately following each body art procedure.		
20	Gloves	When performing body art procedures, the licensee washes his/her hands prior to gloving. Gloves are disposed after the completion of each procedure on each customer. If gloves become torn, punctured or otherwise contaminated, licensees remove and dispose of the gloves, wash his/her hands with liquid or foam soap and water, and dry with a disposable towel, and then put on a new pair of gloves before resuming the body art procedure. The disposable towel		
21	Single Use Items	Single use items are not used on more than one client for any reason. After use, all single use needles, razors, razor blades and other sharps are immediately disposed of in a waste receptacle.		

			Yes	No
22	Preparation and Care of the Body Art Area	<p>Before performing body art procedures, the immediate area of the skin or mucous membrane where the body art procedure is to be placed is washed with liquid or foam soap and water. Only single-use disposable towels, washing pads, blotters, etc are used. An antiseptic mouth rinse is used prior to any oral procedure. The towel, pad, and/or blotter, is discarded after a single use and must be discarded in a closed receptacle with a disposable liner, immediately following each body art procedure.</p> <ul style="list-style-type: none"> <li>• <u>Shaving</u>: If shaving is necessary, single-use disposable razors or safety razors with single-service blades or clippers are used. Single-service is discarded after each use and the reusable holder is autoclaved after use. Clippers are cleaned and sprayed with a disinfectant solution after each client. Following shaving, the skin and surrounding area is washed with liquid or foam soap and water. The washing pad is discarded after a single use.</li> <li>• <u>Oral body art</u>: Before an oral body art procedure may be performed, the customer rinses his/her mouth with an antiseptic mouthwash which is provided to the customer in single use cups.</li> <li>• <u>Blood Flow</u>: In the event of blood flow, all products used to check the flow of blood or to absorb blood are sanitary and single-use products.</li> </ul>		
23	Sterilization	After use by each customer, all non-disposable instruments and procedure work surfaced are cleaned and sterilized with a sanitizer that has a demonstrated tuberculocidal activity, as indicated by the product label.		
		a. Jewelry used for new body piercing is sterilized with an autoclave or chem-clave. Acrylic jewelry is not used for a new piercing. Jewelry used in healed body piercing does not have to be sterilized, but is used according to product label.		
		a. Clippers are disinfected with a liquid chemical sterilant after each use.		
		b. All non-disposable instruments used for body art are cleansed and sterilized after each use. Autoclave or chem-clave sterilization is conducted for the cycle of time and corresponding operating pressure recommended by the manufacturer of the autoclave. Sanitizers used in the cleaning process must have demonstrated tuberculocidal activity, as indicated by the product label and be registered with the U.S. Environmental Protection Agency.		
		c. Instruments that are to be autoclaved within the facility are packed in single-use paper pre-packs or other containers designed for sterilizing instruments and marked with the expiration date. The expiration date does not exceed 90 days from the date autoclaved.		
		d. All sterilized instruments remain stored in sterilized packages until just prior to performing a body art procedure. Where several instruments are sterilized at the same time in the same package, such as in a single use setup, once the container is opened any instrument not used immediately in a procedure is resterilized.		
		e. Every batch of sterilized equipment is monitored for sterilization by use of a heat sensitive indicator that is capable of indicating approximate time and temperature achieved.		
			<input type="checkbox"/> I do not have an autoclave, because I use all disposable equipment and instruments	
			<input type="checkbox"/> I do not have an autoclave, because I use all disposable equipment	

List the Name of Sanitizer Used for all non-disposable instruments and procedure work surfaces: \_\_\_\_\_

Is this product Tuberculocidal:  yes  no

			Yes	No
24	Autoclave Standards	a. Spore destruction tests are performed to prove that autoclaves are capable of attaining the minimum operating standards. Spore tests are performed at a minimum of once for each autoclave every 30 days and are verified through an independent laboratory or tester. A tester must be qualified by the CDC, American Dental Association (ADA), or FDA. A record of all spore tests are maintained for 2 years; prior to April 1, 2005, the facility must have tests available for the past 60 days. <ul style="list-style-type: none"> <li>An autoclave which has received a positive spore test is immediately removed from service. Prior to using, the owner ensures that there is evidence of 1 negative spore test. If the autoclave requires repair work, it is not utilized until it has received 2 negative spore tests.</li> </ul>		
		<input type="checkbox"/> I do not have an autoclave, because I use all disposable equipment and instruments		
		b. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer. A copy of the manufacturers cleaning and servicing instructions is maintained in the facility.		
25	Disinfectant Solution Storage and Cleanliness	a. The disinfectant solution is covered at all times; and		
		b. The disinfectant solution is changed whenever visibly cloudy or dirty.		
26	Implement, Supplies, Products, or Activities That Are Not Allowed	a. Food or beverages are not consumed in any area where body art is performed, except that clients may be allowed to consume food or non-intoxicating drinks.		
		b. Food is not stored in the same area where chemical supplies are used or stored.		
		c. There is not evidence of using, consuming, serving, or in any manner possessing or distributing intoxicating beverages or controlled substances upon its premises during the hours the facility is open to the public and/or any procedures are being performed.		
		d. There is no evidence of performing body art on clients who appears to be under the influence of alcohol, narcotic drugs, stimulants, or depressants;		
		e. Animals, including pets, are not in the facility except for the following are allowed: <ul style="list-style-type: none"> <li>Animals used as guides for visually impaired or hearing-impaired persons, or service dogs for physically disabled; or</li> <li>Fish in covered aquariums.</li> </ul>		

**SIGNATURE and DATE:** I verify that I personally completed the SELF-INSPECTION of this body art facility.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date Self-INSPECTION Completed