

Permit #:

Fee: \$100.00

Application Body Art Establishment

Establishment Name: _____

Establishment Address: _____ Hrs./days of Operation: _____

Establishment Phone: _____ 24 hour emergency: _____

Owner Name: _____

Owner Address: _____

Town: _____ State/Zip: _____ Phone#: _____

_____ A complete description of all body art procedures to be preformed.

_____ Inventory of all instruments and body jewelry, sharps, and all inks used including names of manufactures and serial or lot numbers. (Invoices or packing slips will satisfy this requirement).

_____ Material safety data sheet for all inks and dyes used.

_____ Name of waste hauler (waste hauler manifests to be submitted after pick-up).

_____ Commercial biological monitoring tests.

_____ Copy of the exposure incident report (must be submitted upon every incident).

_____ Copy of application for clients (must include Name, age with valid photo identification, address, date of procedure, name of practitioner who performed the procedure(s) description of procedure(s) and location on the body).

_____ Copy of consent form as specified in chapter 21.

_____ Copy of disclosure statement.

_____ Floor plan showing location of all units in establishment.

_____ Copy of pest control.

_____ Copy of exposure control plan.

Signature of applicant

Date

*******By signing this application you agree that Chapter 21, Norton Board of Health, Rules and Regulations have been supplied to you and you have read and understand them.**