



GLYNN COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR BODY ART TECHNICIAN PERMIT
1725 Reynolds St, Box 105, Brunswick, GA 31520.

Body Art Establishment: Additional Documentation

The following documents/information will need to be submitted in addition to your establishment application:

- Information concerning biomedical wastes will be discarded. *Biomedical wastes: any solid or liquid waste which may present a threat of infection to humans, including non-liquid tissue, body parts, blood, blood products, and body fluids from humans.*
- Copy of contract/invoice with crematorium/sharps disposal facility giving facility authorization of disposal.
- Universal Precautions guidelines that will be posted in the procedure area. *Universal Precautions: a set of guidelines for prevention of the transmission of human immunodeficiency virus and hepatitis B virus to health-care and public safety workers". The precautions include hand washing, gloving, personal protective equipment, injury prevention, and proper handling and disposal of needles, other sharp instruments, and blood/bodily fluid contaminated products.*
- Copy of Aftercare Instructions. These instructions should include the name/address/phone number of establishment, space available for artist to print/sign, and space available for client to print/sign. Copy of Aftercare Instructions should be given to client and a copy should be placed in artist's records.
- Copy of Disclosure Notice. This should be prominently displayed in the facility. *Disclosure notice should include the following: 1) Advising the public of the risks and possible consequences of body art services 2) The name, address, and phone number of the Glynn County Health Department 3) The procedure for filing a complaint relating to body art services.*
- Copy Client Medical History Form. This form should list all items required by the Rules for Body Art Establishments for Glynn County (see manual). This form should include the name/address/phone number of the establishment, space available for artist to print/sign, and space available for client to print/sign.
- Copy of Release Form. Because this form has to indicate that the technician obtained the client's medical history, this form can be added to the Client Medical History Form. This form should include the name/address/phone number of the establishment, space available for artist to print/sign, and space available for client to print/sign.
- Information concerning dyes and pigments used by all technicians.
- Information concerning antibacterial solution and liquid chemical germicide that will be used by all technicians. *Liquid chemical germicide: a disinfectant or sanitizer registered with the Environmental Protection Agency.*



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APPLICATION FOR BODY ART ESTABLISHMENT PERMIT**

1725 Reynolds St, Box 105, Brunswick, GA 31520.
Phone 912-279-2940 and Fax 912-267-4879.

For Internal Use Only:

Facility Permit Number: _____

Name of Establishment: _____

Establishment Address:

_____ Street Address City/State Zip

Main Phone Number: _____ Alt. Number: _____

Hours of Operation: Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____
Fri: _____ Sat: _____

Owner's Name: _____
Last First MI

Owner's Home Address:

_____ Street Address City/State Zip

Phone Number: _____ Alt. Number: _____

Types of Procedures to be performed: _____

Sharps Disposal Company (Name/Address): _____

_____ Street Address City/State Zip

Autoclave Used: Yes No Single-use/Prepackaged Equipment Used: Yes No

If an autoclave is being used:

Manufacture Name: _____

Model: _____

Date and Results of Last Spore Test: _____

The undersigned hereby applies for a permit to operate as a body art event coordinator pursuant to the Rules of Body Art Establishments and Procedures as Established by the Glynn County Board of Health (O.C.G.A. 31).

_____ Applicant Signature

_____ Date

For Internal Use Only:

Submitted artist applications: Yes No

Submitted copy of spore test: Yes No NA

Submitted floor plan: Yes No

Submitted Sharps Disposal Contract: Yes No

Approved: Yes No Date of Approval: ___/___/___ EHS Initials: _____