



## EVENT COORDINATOR CHECKLIST

Organizers of events with more than one artist, must complete an Event Coordinator (EC) application and designate a person to be present at the event to be responsible for compliance with the regulations and operational procedures. At the time of application the EC must provide:

- What equipment and supplies will be used for disposal of all sharps and biohazardous waste
- A copy of the agreement between the Event Coordinator and biohazardous waste hauler for the appropriate disposal of all sharps and other biohazardous waste
- A map of the event location that indicates the layout of the booths on the exhibit floor and where hand washing facilities with liquid soap, paper towels and hot and cold water under adequate pressure and drained in accordance with local plumbing codes are located
- A copy of the patron consent form that includes the following:
  1. Space for:
    - ❖ Body artist's name as indicated on the artist application
    - ❖ Patron's name, date of birth, phone number and address
    - ❖ Documentation of parental or custodial consent for patrons who are less than 18 years of age
  2. Risk notification including: "Body art can cause swelling, bruising, discomfort, bleeding, pain, allergic reactions, irreversible changes to the human body, body art has a risk of infection, any effective removal of the body artwork may leave permanent scarring and disfigurement."
  3. Patron evaluation section that includes answers to the following questions:
    - ❖ Have you eaten within the past 4 hours?
    - ❖ Are you under the influence of drugs or alcohol?
    - ❖ Have you ingested anticoagulants (such as heparin or warfarin), antiplatelet drugs, or nonsteroidal anti-inflammatory drugs (NSAIDS) (such as aspirin, ibuprofen, etc.) in the last 24 hours?
    - ❖ Have you ingested any medication that can inhibit the ability to heal a skin wound?
    - ❖ Do you have any allergies or adverse reactions to dyes, pigments, latex, iodine, or other such products?
    - ❖ Do you have hemophilia, epilepsy, a history of seizure, fainting, narcolepsy, or other conditions that could interfere with the body art procedure?
    - ❖ Do you have a history of skin diseases that might inhibit the healing of the body art procedure?
    - ❖ Do you have any communicable diseases (i.e., hepatitis A, hepatitis B, HIV, or any other disease that could be transmitted to another person during the procedure)?
    - ❖ Do you have diabetes, high blood pressure, heart condition, heart disease, or any other conditions that could interfere with the body art procedure?

4. An informed consent section that states patrons:
  - ❖ are voluntarily obtaining services,
  - ❖ have read and understand the document,
  - ❖ have the ability to ask questions about the procedure
  - ❖ have received and understand written and verbal aftercare
5. A work section to be completed by the artist that includes:
  - ❖ type of body art procedure
  - ❖ location on body
  - ❖ design, if applicable
  - ❖ jewelry styles and sizes, if applicable
  - ❖ expiration date and batch and/or lot number of all sterilized equipment used or pre-sterilized that will be applied to or inserted under the skin
  - ❖ expiration date, brand, color, batch and/or lot number of all inks, dyes, and pigments used in the body art procedure
  - ❖ date of body art procedure
  - ❖ any complications that occurred during the body art procedure
  - ❖ signature of body artist.
- A copy of the aftercare instructions that include:
  - ❖ The name, address and telephone number of the body art establishment, and the name of the body artist who performed the procedure
  - ❖ A detailed description of how to care for the body art
  - ❖ Possible side effects from the body art procedure
  - ❖ Any restrictions on various activities
  - ❖ Instructions on, signs of an infection or allergic reaction and when to consult a physician
  - ❖ The expected duration for healing
  - ❖ A statement in the same font and size as the other aftercare instructions that states: “If an infection or adverse reaction occurs at your procedure site, contact your personal physician for treatment and report to the Southern Nevada Health District special programs at (702) 759-0677 or [bodyart@snhd.org](mailto:bodyart@snhd.org).”