



BODY ART QUESTIONNAIRE
 333 N RANCHO DR, STE 450, LAS VEGAS, NV 89106
 (702) 759-1258 | WWW.SNHD.INFO | FoodRev@snhd.org

Business Name:		Business Address:	
Owner/Contact Name:		Email Address:	
Phone/Cell:		Alternate Phone/Cell:	
How many artists will be working at this location?			
How many workstations do you have?			
What is the total area, measured in square feet, of the body art facility?			
Do you have a minimum of 80 square feet of space per body artist?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a permanently plumbed restroom with hot and cold running water?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a permanently plumbed hand sink within 15 feet of each workstation?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have an appropriate trash and sharps container?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Are all furnishings made of durable, smooth, easily cleanable, non-absorbent materials that are in good condition?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Floor Finishes: What material(s) is the floor made of?			
Wall Finishes: What material(s) are the walls made of?			
Is there a trashcan at each workstation and at least one biohazard waste receptacle?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are all dyes and pigments commercially manufactured for body art procedures?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Are you using a sterilizer?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If yes, Date of last spore test:	
Is there an equipment processing room with a 2-compartment sink?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Are all needles, blades, and razors disposable?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Does the sterilizer meet ANSI/AAMI ST79 Standards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is jewelry from a commercial jewelry supplier?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Is there a workstation that can be screened for privacy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOCUMENTATION & PERMITTING			
Do you have a Biohazard Waste Disposal plan?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a Patron Consent form:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(review and sign <i>Body Art Document Checklist</i>)			
Do you have written Aftercare Instructions?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(review and sign <i>Body Art Document Checklist</i>)			
Do you have a written Infection Control Plan?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(review and sign <i>Body Art Document Checklist</i>)			
Do all body artists have their SNHD Body Art Card?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will any of the body artists do piercing?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will any of the body artists do tattooing or permanent makeup?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will any of the body artists do body modification procedures such as dermal punching or implantation?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will any of the body artists in your establishment operate under a separate business license?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any questions that you have answered "No" to above must be addressed/corrected prior to your appointment.			
The complete Body Art regulations can be found here: www.snhd.info/body-art/regulations.php			

BODY ART REQUIRED DOCUMENT ATTESTATION

CHECK EACH BOX AFTER VERIFYING THE APPLICABLE INFORMATION IS PRESENT ON THE REQUIRED DOCUMENTS

INFECTION CONTROL PLAN (7.12)

- Body art procedures performed in the body art establishment
- Operating procedures for:
 - o Cleaning and disinfecting surfaces
 - o Cleaning and disinfecting reusable instruments and equipment
 - o Protecting clean instruments and sterile instrument packs from contamination during storage
 - o Protecting clean instruments, equipment, and surfaces during a procedure
 - o Set-up and tear-down for each type of body art procedure
 - o Safe handling and disposal of sharps and biohazardous waste

CONSENT FORM (6.3)

- Body artist's name as indicated on body art card;
- 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;
- Notification of risk detailing the possible consequences of a body art procedure. Must include, at minimum: Body art can cause swelling, bruising, discomfort, bleeding, pain, allergic reactions, irreversible changes to the body, has a risk of infection, and may leave permanent scarring and disfigurement.
- Patron evaluation section that includes the following statement, "Consult a physician prior to the procedure if you have any concerns about any of the questions below:"
 - o Have you eaten within the past 4 hours?
 - o Are you under the influence of drugs or alcohol?
 - o 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?
 - o Have you ingested any medication that can inhibit the ability to heal a skin wound?
 - o Do you have any allergies or adverse reactions to dyes, pigments, latex, iodine, or other such products?
 - o Do you have hemophilia, epilepsy, a history of seizure, fainting, narcolepsy, or other conditions that could interfere with the body art procedure?
 - o Do you have a history of skin diseases that might inhibit the healing of the body art procedure?
 - o 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)?
 - o Do you have diabetes, high blood pressure, heart condition, heart disease, or any other conditions that could interfere with the body art procedure?
- Date and type of body art procedure, location on body, & design (if applicable)
- Jewelry styles/sizes, and expiration date, batch/lot number of sterilized/pre-sterilized equipment that will be applied to or inserted under the skin (if applicable)
- Expiration date, brand, color, batch/lot number of inks, dyes, and pigments used
- Any complications that occurred during the body art procedure
- An informed consent section that includes the following:
- Patrons are voluntarily obtaining services of their own free will and volition, patrons have had the opportunity to read and understand the document, patrons have the ability to ask questions about the procedure, patrons have received and understand written and verbal aftercare.
- Signature of body artist

AFTERCARE INSTRUCTIONS (7.11)

- The name, address, and phone number of the body art establishment
- The name of the body artist who performed the procedure
- A detailed description of how to clean, bandage and care for the body art
- Possible side effects from the body art procedure;
- Activity Restrictions
- Signs of an infection or allergic reaction and when to consult a physician
- The expected duration for healing
- Statement "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."

By signing below, I attest that the required information listed above is on my Infection Control Plan, Consent Form, or Aftercare Instructions as specified in the regulations.

Owner/Applicant
→ **Signature:**

Owner/Applicant
→ **Print Name:**

Owner/Applicant
→ **Title:**

→ **Date:**