



Body Art Program
4815 W Markham, Slot 46
Little, Rock AR 72205

Body Art Establishment Plan Review Guidelines

This guide includes an example of a floor plan and a sample checklist of equipment. Plans should be submitted to the Arkansas Department of Health Body Art Program prior to construction. Plans are reviewed by appointment, mail, or walk-in welcome. Call 501-661-2171 and ask for body art if you would like to set up a plan review appointment.

Who should submit plans?

Plans and specifications are required to be submitted to our department by any person that:

- Is constructing or remodeling any building for use as a body art facility;
- Plans to open a body art facility in an existing building;
- Plans to lease out a portion of a facility for the performance of body art;
- Plans to change the operation of a body art facility, i.e. changing the operation from disposable equipment to the usage of an autoclave.
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The Body Art Program does not review Plumbing Plans. If you have plumbing plans that need approval, plans must be submitted to Protective Health Codes. Contact a plumbing inspector if you have questions about plumbing approval. The plumbing Plan review office can be reached at 501-661-2542.

Mail plans and required Documents to:

Arkansas Department of Health
4815 West Markham, Slot 46
Little Rock, AR 72205
ATTN: Body Art Program

To **expedite review time**, include the Plan Review Application information listed below:

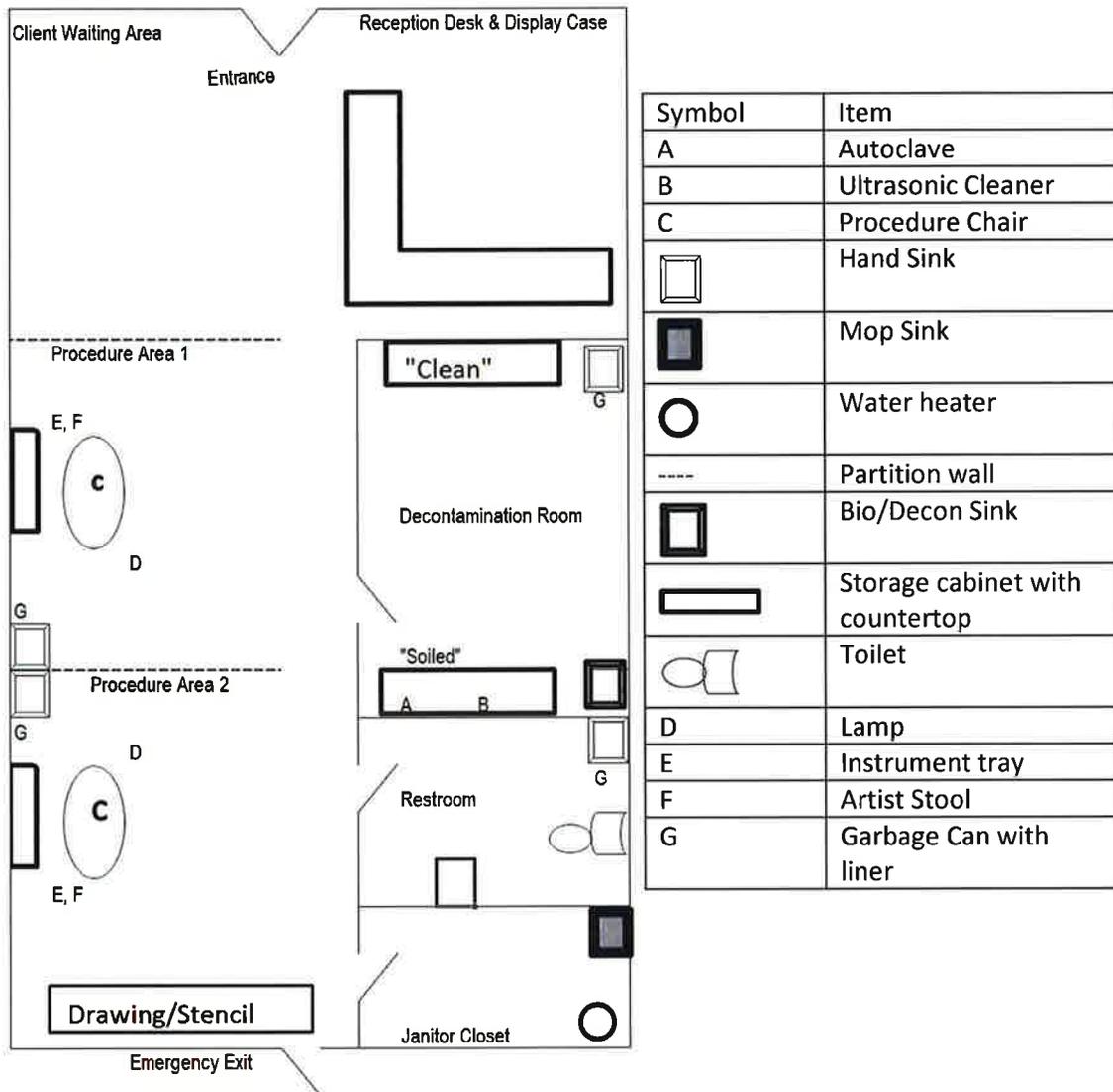
- Establishment name and street address
- Source of water (Name of city/county water source)
- Wastewater disposal (Name of city/county sewer treatment)
- Floor Plan
- Finish Schedule
- Equipment List
- Infection Prevention Plan
- Copies of the consent and aftercare instruction forms
- Project Cost Estimate worksheet and Check/Money Order for Plan Review fee
- Body Art Establishment Permit Application and \$150.00 Check/Money Order for permit
- Artist list of all artists that will perform body art at the facility

Note: Wells used for body art establishments must comply with applicable regulations. Contact the Engineering Section of ADH at 501-661-2623 for further information.

Written approval from the county Environmental Health Specialist must be provided for wastewater disposal other than public utilities (for example, septic systems).

Example Floor Plan

Body Art Establishment Plan Review Guidelines



Finish Schedule Example

Room	Floor	Wall	Ceiling
Procedure Area #1 & 2	Sealed smooth concrete	Sealed Wood Panel	Vinyl Tile
Decontamination Room	Sealed smooth concrete	Water-resistant RFP	Vinyl Tile
Restroom	Sealed smooth concrete	Painted gyp board	Vinyl Tile
Janitor Closet	Sealed smooth concrete	Sealed Fake wood panel	Acoustic tile
Waiting/Reception	Sealed smooth concrete	Painted gyp board	Acoustic tile



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Examples of Equipment to be listed

Equipment	Minimum Requirements
Sinks	<ul style="list-style-type: none"> <input type="checkbox"/> Supply hot and cold water <input type="checkbox"/> Water Heater Tank Capacity ____ Gal. or <input type="checkbox"/> Tank-less <input type="checkbox"/> Smooth, durable, and non-absorbent material <input type="checkbox"/> Unobstructed view from work area and accessible to all artists <input type="checkbox"/> Shall be permanently plumbed and meet local building and plumbing codes
Sharps Container	<ul style="list-style-type: none"> <input type="checkbox"/> Approved Sharps Container <input type="checkbox"/> Approved Hauler/Mail back system <input type="checkbox"/> Available for all procedure areas <input type="checkbox"/> Portable
Inks	<ul style="list-style-type: none"> <input type="checkbox"/> Commercially Manufactured
Gloves	<ul style="list-style-type: none"> <input type="checkbox"/> Single use disposables <input type="checkbox"/> Wall Mounted
Razor	<ul style="list-style-type: none"> <input type="checkbox"/> Single Use disposables
Practitioner/Client Chair	<ul style="list-style-type: none"> <input type="checkbox"/> Smooth, durable, and non-absorbent material
Client Record Keeping Cabinet	<ul style="list-style-type: none"> <input type="checkbox"/> Cabinet can be secured from unauthorized access
Disposable Needles, Needle Bars, and Grommets	<ul style="list-style-type: none"> <input type="checkbox"/> Single Use disposables <input type="checkbox"/> Manufactured with lot numbers
Counters, Table Tops, and Trays	<ul style="list-style-type: none"> <input type="checkbox"/> Smooth, durable, and non-absorbent material.
Storage Cabinets for Equipment	<ul style="list-style-type: none"> <input type="checkbox"/> Prevents the contamination of the equipment (including inks, tattoo machine, wrapping, etc.,) from dust and other sources.
Products used for the application of body art ex. Stencils and Transfer Agents	<ul style="list-style-type: none"> <input type="checkbox"/> Single use disposables
Plastic Sheathing	<ul style="list-style-type: none"> <input type="checkbox"/> Single use disposables
Sterilization Equipment <input type="checkbox"/> May be N/A if only single service items are in use	<ul style="list-style-type: none"> <input type="checkbox"/> Only equipment manufactured for the sterilization of medical instruments shall be used <input type="checkbox"/> Separated from procedure area by at least five feet or by a cleanable barrier <input type="checkbox"/> Copy of Manufacturer's recommended procedures for operation
Waste Receptacle	<ul style="list-style-type: none"> <input type="checkbox"/> Must be able to be lined with a bag



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What should I submit as part of the plan review process?

1. Complete the **Application for Plan Review** form and submit with payment calculated from Project Cost Estimate Worksheet.
2. Plans must be drawn in a concise, detailed and professional manner. The plans must indicate the layout of procedure areas, cleaning and sterilization area, sink counters, storage areas, equipment, toilet facilities and reception areas.
 - An equipment list that identifies all equipment that will be utilized at the facility.
 - A room finish schedule form shall be submitted if any modifications are to be done on the facility.
3. An Infection Prevention Plan that discusses the decontamination procedures for the facility and its operations. The Infection Prevention and Control shall include all of the following:
 - Procedures for decontaminating and disinfecting environmental surfaces.
 - Procedures for decontaminating, packaging, sterilizing, and storing reusable instruments.
 - Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage.
 - A set-up and tear-down procedure for any form of body art performed at the body art facility.
 - Techniques to prevent the contamination of instruments or the procedure site during the performance of body art.
 - Procedures for safe handling and disposal of sharps waste.
4. Copies of the consent and aftercare instruction forms.
5. A practicing artist list that lists all body artists that will perform body art at the facility.

The application package for plan review shall be complete and correct. Incomplete application packages will be rejected and may delay the plan review process.

Directions for **Project Cost Estimate Worksheet** for Body Art Facilities:

- Fill out top portion above first dotted line as it pertains to the body art shop you wish to open.
- Fill out the cost Improvements as applicable, most body art facility improvement costs will go under “7. OTHER” on the form.
- Calculate Plan Review Fee
 - If total estimated cost is \$5,000.00 or less, Review fee is \$50.00
 - If total estimated cost is \$50,000.00 or more, Review fee is \$500.00
 - If total estimated cost is \$5,000.00 - \$50,000, calculate as follows
 - Plan Review Fee = (0.01) X (Total estimated cost) = \$ _____
- List Plan review fees (Usually only A) (if you need B, make A & B separate checks).
- Fill in the “Prepared By:” line and write the date.



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Body Art Establishment Permit Application

This application is to be completed by the Operator and submitted, with appropriate fees, to the Arkansas Department of Health at least 30 days prior to opening.

(Please Print or Type information necessary to complete the form).

Establishment Name: _____

Address: _____

City/State: _____ Zip Code: _____ County: _____

Telephone: _____

E-mail Address: _____ @ _____.

PLEASE CHECK ALL PROCEDURE TYPES TO BE PERFORMED AT FACILITY:

Tattoo Body Piercing Permanent Cosmetics Branding

Name of Owner(s)/Corporation: _____

Contact Person: _____

(Please provide the following address only if it is different from the address listed for the establishment)

Mailing Address: _____

City/State: _____ Zip Code: _____ Telephone: _____

E-mail Address: _____ @ _____.

The fee to be included with this application is \$150.00 for the permit to expire on December 31st of the year in which it is issued.

Disclaimer: A person may not operate a Body Art Establishment without a valid Permit issued by the Arkansas Department of Health (ADH). I UNDERSTAND THAT I MUST CONTACT THE APPROPRIATE ADH REPRESENTATIVE TO SCHEDULE A PRE-OPENING INSPECTION. Once the pre-opening inspection is conducted, and the inspection is satisfactory, a permit will be issued. The permit must be displayed at the body art establishment in a location that is conspicuous to clients. This permit shall remain valid until expired, suspended, cancelled, revoked, or unpaid. An annual fee will be billed and due upon receipt. Permits are not transferable to new owners or new locations. ALL FEES ARE NON-REFUNDABLE

Statement: I hereby certify that the above information is correct. I fully understand that any deviation from the above information without prior permission from the Arkansas Department of Health (ADH) may nullify this request. Approval of this application by the ADH Body Art Program DOES NOT indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It DOES NOT constitute endorsement or acceptance of the completed establishment (structure or equipment).



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Body Art Establishment Permit Application

Name of Representative Completing Form: _____

Title: _____ Phone: _____

E-mail Address: _____ @ _____ . _____

Signature: _____ Date: _____

This application to be completed by the operator and submitted, with appropriate fees, to the Arkansas Department of Health, at least 30 days prior to opening.

Checks or Money Order May be made payable to ADH.

Submit to:
Arkansas Department of Health
Body Art Program
4815 W Markham, Slot 46
Little Rock, AR 72205

(ADH USE ONLY)

Customer #: _____

Date Received: _____

Point of Sale: _____



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Body Art Establishment Plan Review Application

Establishment Name:
Address:
City/State: Zip Code: County:
Driver License #: State:
Telephone:
E-mail Address: @

PLEASE CHECK ALL PROCEDURE TYPES TO BE PERFORMED AT FACILITY:

- Tattoo Body Piercing Permanent Cosmetics Branding

Name of Owner(s)/Corporation:
Contact Person:
Mailing Address: DL#: State:
City/State: Zip Code: Telephone:
E-mail Address: @

Establishment's Water Source: Municipal Water Well Other
Establishment's Sewage Disposal: Municipal Water Septic System

Items to be included with Plan Review Application:

- Floor Plan
Finish Schedule
Equipment List
Copy of Driver License
Infection Prevention Plan
Copies of the consent and aftercare instruction forms
Project Cost Estimate worksheet and Check/Money Order for Plan Review fee
Body Art Establishment Permit Application and \$150.00 Check/Money Order for permit
Practicing artist list of all artists that will perform body art at the facility

Statement: I hereby certify that the above information is correct. I fully understand that any deviation from the above information without prior permission from the Arkansas Department of Health (ADH) may nullify this request. Approval of this application by the ADH Body Art Program does not indicate compliance with any other code, law or regulation that may be required - federal, state, or local.

Name of Representative Completing Form:
Title: Phone:
E-mail Address: @
Signature: Date:

All Checks/Money Orders shall be made payable to "ADH"



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Body Art Establishment Practicing Artists List

Establishment Name: _____
 Address: _____
 City/State: _____ Zip Code: _____ County: _____
 Telephone: _____
 E-mail Address: _____ @ _____

PLEASE CHECK ALL PROCEDURE TYPES TO BE PERFORMED AT FACILITY:

- Tattoo Body Piercing Permanent Cosmetics Branding

Full Name/ Artist License #	Procedure Discipline	Employment Status
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
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	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding	<input type="checkbox"/> Owner/Practitioner <input type="checkbox"/> Contractor <input type="checkbox"/> Employee

**ARKANSAS DEPARTMENT OF HEALTH
PROJECT COST ESTIMATE WORKSHEET**

PROJECT NAME _____

PROJECT ID# (ADH Use Only)

COUNTY _____

PROJECT LOCATION (911 if available) _____

CITY, STATE, ZIP _____

SUBMITTER/CONTACT NAME _____ TELEPHONE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

COST ESTIMATE: ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT
REQUIRE A DEPARTMENT OF HEALTH REVIEW.

WATER SYSTEM IMPROVEMENTS.....	\$ _____
SEWER SYSTEM IMPROVEMENTS.....	\$ _____
PLUMBING.....	\$ _____
SWIMMING POOL.....	\$ _____
FOOD ESTABLISHMENT IMPROVEMENTS.....	\$ _____
HEALTH FACILITY IMPROVEMENTS	\$ _____
OTHER.....	\$ _____
TOTAL ESTIMATED COST.....	\$ _____

A. PLAN REVIEW FEE:..... \$ _____

1% of total est. cost, not less than \$50 and not to exceed \$500. (see #1 on reverse side)

B. PLAN REVIEW FEE for INDIVIDUAL ONSITE
WASTEWATER SYSTEMS..... \$ _____

For individual sewage disposal system permits; and for subdivisions whose
lots are < 3 acres, and mobile home & RV trailer parks utilizing individual
sewage disposal systems (see #2 on reverse side)

TOTAL FEES SUBMITTED \$ _____
(Add A & B)

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

PREPARED BY: _____ DATE: _____

EXPLANATION OF PLAN REVIEW FEES

#1) Act 399 of 1987 amended Act 469 of 1965 establishing a fee for the review of plans and specifications which are required by law or regulation to be reviewed by the Department. The fee is 1% of the estimated cost of construction, with a minimum fee of \$50.00 and a maximum fee of \$500.00. An Engineering estimate must accompany the plans unless the maximum fee of \$500.00 is paid.

IF TOTAL ESTIMATED COST IS \$5,000.00 OR LESS, REVIEW FEE IS \$50.00.

IF TOTAL ESTIMATED COST IS \$50,000 OR MORE, REVIEW FEE IS \$500.00.

IF TOTAL ESTIMATED COST IS BETWEEN \$5,000.00 AND \$50,000.00, CALCULATE AS FOLLOWS:

PLAN REVIEW FEE = (0.01) x (TOTAL ESTIMATED COST) = \$ _____.

#2) Act 1928 of 2005 amended Act 407 of 1977 to establish a review fee for subdivisions whose lots are < 3 acres which utilize individual sewage disposal systems and for individual sewage disposal system permits.

SUBDIVISIONS on INDIVIDUAL SEWAGE SYSTEMS:

FIRST LOT @ \$100.00	= \$	100.00
ADDITIONAL LOTS @ \$25.00each.....	= \$	_____
TOTAL	= \$	_____
(MAXIMUM FEE = \$1500.00)		

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

1500 SQ.FT. OR LESS	= \$30
1501 – 2000 SQ.FT.	= \$45
2001 – 3000 SQ.FT.	= \$90
3001 - 4000 SQ.FT.	= \$120
4001 SQ.FT. & GREATER	= \$150
ALTERATION, REPAIR, OR EXTENSION	= \$30

SQUARE FOOTAGE DOES NOT INCLUDE GARAGES, CARPORTS, PORCHES OR SIMILAR AREAS

#3) Act 36 of 1991 established a review fee for Mobile Home Parks and Travel Trailer Parks utilizing septic systems for sewage disposal based on the number of spaces:

MOBILE HOME & TRAVEL TRAILER PARKS ON INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

2-25 SPACES.....	\$25.00
26-50 SPACES.....	\$50.00
51-75 SPACES.....	\$75.00
76 OR MORE.....	\$100.00