



CITY OF EASTHAMPTON

BOARD OF HEALTH

50 Payson Avenue
Easthampton, MA 01027
(413) 529-1430 TEL
(413) 529-1442 FAX



Public Health
Prevent. Promote. Protect.

Bri Dupras, REHS/RS
Health Director

Application for Body Art Establishment Permit

Fee: \$175

Body Art Establishment Name: _____

Body Art Establishment Address: _____

Body Art Establishment Telephone: _____

Mailing Address (if different): _____

Body Art Establishment Operator: _____

Address of Operator: _____

Phone # of Operator: _____

If corporation or partnership, list name, title and home address of officers or partners:

Name

Title

Home Address

State of Incorporation: _____

Emergency Response Person:

Name _____

Emergency Telephone _____

- Establishment Permit Type: Body Piercing (only)
 Tattooing, Branding and Scarification (only)
 Both

Establishment Hours of Operation:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Please list all practitioners working in the establishment:

Name: _____ Address: _____

Phone # _____

Name: _____ Address: _____

Phone # _____

Name: _____ Address: _____

Phone # _____

Name: _____ Address: _____

Phone # _____

Name: _____ Address: _____

Phone # _____

Name: _____ Address: _____

Phone # _____

Provide the following:

- A. Scaled plans and specifications of the proposed Establishment to demonstrate compliance with the Body Art Regulations at the time of original application and upon any changes in Establishment layout.
- B. An occupancy and use permit as issued by the local building official.
- C. Name and phone number of solid waste hauler that services Establishment:

_____	_____
Name	Phone #

- D. Copy of contract with solid waste hauler.
- E. Name and phone number of medical or biological waste hauler that services Establishment:

_____	_____
Name	Phone #

- F. Copy of contract with biological or medical waste hauler that services Establishment.
- G. Manufacturer, model#, model year & serial number of Autoclave or other approved sterilization unit, if applicable
: _____
- H. Copy of the manufacturer's recommended procedures for the operation of the autoclave. (This document must also be readily available at inspections).
- I. Name of private laboratory that conducts testing of autoclave:

- J. Copy of recent results of Autoclave testing.

- K. Copy of Employee Information Form (**Section 7, (G) (2)**)
- L. Copy of Establishment Information (**Section 7, (G) (1)**)
- M. Copy of Client Information Form (**Section 7, (G) (3)**)
- N. Copy of Client Application and Consent Form for Body Art to be used within the Establishment (**Section 8, (D) (1)**)
- O. Copy of Aftercare Instructions to be used by the practitioners within the Establishment (**Section 8, (N)**)
- P. Copy of Injury Report Form (**Section 10, (A)**)
- Q. Copy of Disclosure Statement (**Section 7 (E)(1)**)
- R. Copy of Exposure Control Plan (**Section 7, (G)(4)**)
- S. Copy of Exposure Incident Report (**Section 9**)

I have received a copy of the City of Easthampton Regulations for Body Art Establishments and Practitioners.

Initial: _____

I agree to abide by these regulations and procedures. **I agree to post the following valid and updated documents conspicuously in my place of business at all time:**

1. Disclosure Statement
2. Name, address, and phone number of the Easthampton Health Department
3. Emergency Plan that includes the following:
 - a. A plan for contacting police, fire, or EMS in the event of an emergency
 - b. A telephone shall be provided and easily accessible to all employees/clients during all hours of operation
 - c. A sign at or adjacent to the telephone indicating the correct emergency telephone numbers
4. Occupancy and use permit as issued by the local building official
5. A current establishment permit as issued by the Easthampton Health Department
6. Each practitioner's permit.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way:

Date

Signature

Name and Title (Print)