





# Tattoos, Piercings & Permanent Makeup Application

Email Application to: [eh@carsoncity.gov](mailto:eh@carsoncity.gov)

Permits are **NON-Transferrable** and **NON-Refundable**

Carson City Health and Human Services Environmental Health Division

900 E Long St Carson City, NV 89706

Phone: 775-887-2190 ext. 80029      [Gethealthycarsoncity.org](http://Gethealthycarsoncity.org)



The information in this package is to guide the owner or builder through the submittal and approval procedures when obtaining a permit to operate an establishment (body piercings, tattoos and permanent makeup) in Carson City.

- The layout of all Invasive Body Decorating establishments must be designed with all applicable codes, including but not limited to the **Nevada Administrative Code 444.00701 through 444.00939**
- In Carson City, new businesses and expansions to existing businesses will require that all applicable fees associated with the nature of the establishment be paid before a permit is issued. Please contact Carson City Business License at 108 Proctor Street, Carson City, NV Phone (775) 887-2105
- Building Dept for Carson (775) 887-2310; for Douglas County (775) 782-6200
- The permit is issued upon a passing final inspection and the annual fee being paid

## Regulations for Invasive Body Decorating:

- Nevada Revised Statutes & Nevada Administrative Code (NAC) 444, which can be found online at <http://leg.state.nv.us/NAC/NAC-444.html>

## Additional Documentation to be submitted for review:

- Detailed floor plan to scale **MUST** be submitted with application
- Aftercare Instructions **MUST** be submitted with application
- Bloodborne Pathogen Certificate **MUST** be submitted with application for each artist
- Client Release and Consent Form **MUST** be submitted with application
- Infection Control Plan **MUST** be submitted with application
- Hep B Vaccination **MUST** be submitted for all artists or documentation showing proof of immunity (Hep B declination **NOT ACCEPTED** NAC 444.00789)
- If using an autoclave, a recent spore destruction validation **MUST** be provided

## For Construction or New Equipment

- Workstations must have at least 45 square feet of floor space
- At least one stand alone hand washing sink for every four workstations. Each with soap, hot water and paper towels
- Ability to provide privacy for all clients upon request
- Adequate ventilation in workstations
- Floors, walls, and ceiling must be smooth, cleanable, sealed, and light in color
- Furniture, shelves, cabinets, counters, and trays are to be nonabsorbent, smooth, cleanable, and sealed
- At least one covered waste receptacle must be available for contaminated waste products
- Doors must be tight-fitting and exterior doors must be self-closing

## Required Inspections:

- Carson City Health and Human Services, Environmental Health will perform inspections of all new, remodeled and converted facilities
- You will be contacted by a health inspector following review

Type of Service (check as many as apply)			
Tattoo	Body Piercing	Permanent Cosmetics	Other: _____
Type of Location			
Single IBD workstation		Establishment (how many IBD workstations): _____	
Name of Artists			
<b>Shop Artist #1:</b>			
Mailing Address: _____			
City: _____		State: _____	Zip: _____
Primary Phone: (    ) _____		Email Address: _____	
<b>Shop Artist #2:</b>			
Mailing Address: _____			
City: _____		State: _____	Zip: _____
Primary Phone: (    ) _____		Email Address: _____	
<b>Shop Artist #3:</b>			
Mailing Address: _____			
City: _____		State: _____	Zip: _____
Primary Phone: (    ) _____		Email Address: _____	
<b>Shop Artist #4:</b>			
Mailing Address: _____			
City: _____		State: _____	Zip: _____
Primary Phone: (    ) _____		Email Address: _____	
Type of Equipment (check as many as apply)			
Pre-Sterilized Needles	Reusable Needles	Other: _____	
Are all dyes and pigments commercially manufactured for body art procedures?		Yes	No
Are you using an autoclave (sterilizer)?		Yes	No
Is there an equipment processing area with a designated sink?		Yes	No
Are all blades and razors disposable?		Yes	No
Is jewelry from a commercial IBD jewelry supplier?	N/A	Yes	No, it is from: _____
Construction/Location			
Total SQFT of Space: _____		Total SQFT of Each Workstation: _____	
Do you have a permanently plumbed restroom with hot and cold running water?			Yes    No
Do you have at least one stand-alone hand washing sink, easily accessible, for every four workstations?			Yes    No
Do you have a trash can and sharps container at each workstation?			Yes    No
Are all furnishings made of durable, smooth, easily cleanable, non-absorbent materials in good condition?			Yes    No
Floor Finishes: What materials are the floors made of? _____			
Wall Finishes: What materials/color are the walls made of? _____			
Is there at least one biohazard waste receptacle in the facility (not a sharps container)?			Yes    No
Do all workstations have the ability to be screened for privacy?			Yes    No

**Water/Sewer**

Source of Water: Municipal (provide the name of the water utility): \_\_\_\_\_ Well

Sewer: Municipal (provide the name of the sewer utility): \_\_\_\_\_ Septic

**Sanitation Plan**

Pre-soaked Wipes      Spray Bottle      Other: \_\_\_\_\_

Do you have a Biohazard Waste Disposal plan?      Yes      No

What type of sanitizer will you be using? \_\_\_\_\_

Does the autoclave meet ANSI/AAMI ST79 Standards?      Yes      No      N/A

What type of covering will you use for work surfaces?      Disposable Cloth      Cling Wrap      Other (explain below)

Empty rectangular box for explaining covering types.

**Employee Accommodations**

Explain where employee personal items are stored

Empty rectangular box for explaining employee accommodations.

**Infection Control Plan (ICP)**

All establishments must have an ICP printed and filed at the establishment and must include these items **(initial below)**:

- \_\_\_\_\_ Specific IBD procedures performed in the establishment
- \_\_\_\_\_ Procedures for cleaning and disinfecting surfaces
- \_\_\_\_\_ Procedures for cleaning, disinfecting, packaging, sterilizing, and storing reusable instruments and equipment
- \_\_\_\_\_ Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage
- \_\_\_\_\_ Set-up and tear-down procedure for all invasive body decoration procedures performed in the establishment
- \_\_\_\_\_ Techniques and procedures to prevent the contamination of instruments, equipment, surfaces, or the procedure area during an invasive body decoration procedure
- \_\_\_\_\_ Procedures for the safe handling and disposal of sharps and medical waste
- \_\_\_\_\_ The records required to be maintained by the responsible person to demonstrate that the infection control plan is properly operated and managed

**Required Forms/Documentation**

Additional forms needed per NAC 444.00789, NAC 444.00803, and 444.00921 **(initial below)**:

- \_\_\_\_\_ Aftercare Instructions      \_\_\_\_\_ Client Release/Consent forms
- \_\_\_\_\_ Bloodborne Pathogen Certificate (each artist)      \_\_\_\_\_ Hepatitis B Immunization (each artist)

\_\_\_\_\_ All consent forms and copies of **client IDs** will be kept on file for **at least 2 years** at the establishment

\_\_\_\_\_ All purchasing records of disposable, single-use, and pre-sterilized materials will be kept on file for **90 days**

**FINAL STATEMENT and SIGNATURE**

*I hereby certify that all the above information is correct, and I fully understand that any deviation from the above approval without prior permission from this Health Regulatory Office may nullify this approval. Approval of these plans and specifications by this Health Regulatory Authority DOES NOT indicate compliance with any other code, law or regulation that may be required by federal, state or local agency. It further DOES NOT constitute endorsement or acceptance of the completed establishment, including but not limited to the structure or equipment. A pre-opening inspection of the establishment with the equipment will be necessary to determine if it complies with the State of Nevada and/or City Municipal Codes as applicable.*

Signature(s): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_