

HEALTH DEPARTMENT

Serving Crowley & Otero Counties



Executive Director
Richard Ritter

Program Directors
Meredith Bradfield, Training
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Michael Miller, Epidemiology
Michael Mustain, Tobacco Control
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13 West 3rd Street, Room 111
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811 South 13th Street
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Phone: (719) 254-5300

Ordway Office
603 Main, Courthouse Annex
Ordway, CO 81063
Phone: (719) 267-5245

Body Art Application Form

County: _____ Date: _____

Name of Establishment: _____

Location: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone Number: _____ Fax Number: _____

Owners Name(s): _____

Address: _____ City _____ Zip _____

Phone Number: _____ Alt. Phone Number: _____

Number of Employees: _____ Number of Body Artists: _____

Names of Artists:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

*** A completed Body Art Application Form must be received by the Department, and the body art establishment must meet the minimum requirements for body art establishments and for body artists per 6 CCR 1010-22 before a pre-opening inspection will be conducted.**

REQUIREMENTS FOR BODY ARTISTS:

- Receive vaccination against Hepatitis B (HBV) or provide written statement to owner or manager of the establishment stating that he or she declines the vaccination.
- Possess and demonstrate knowledge of Universal Precautions, disinfection and sterilization techniques, procedures for infection and exposure control required in section 7-701 (a), and the Infectious Waste Management Plan required in Section 7-701(b)4 of the Code of Colorado Regulations for Body Art Establishments, 6 CCR 1010-22.
- Body establishments must meet the requirements of the Code of Colorado Regulations for Body Art Establishments, 6 CCR 1010-22.

* A copy of the regulations can be obtained at the Otero County Health Department Website, or at <https://www.colorado.gov/pacific/sites/default/files/Rules%20and%20Regulations%20for%20Body%20Art%20Establishments.pdf>

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Plan Review Application- Body Art Facilities

1. Completed application form
2. Application fee of \$100
3. Floor plan of work area(s), restroom(s), wait area, storage areas, etc.
4. Site plan of outdoor storage areas, dumpsters, etc.
5. Room finish schedule for work area(s), restroom(s), wait area, and any storage areas. See example.
6. Proof of Hepatitis B vaccination or written statement denying vaccination for all employees. Copies must be maintained on site at all times.
7. List of employees that includes full legal name, home address, and phone number
8. Standard Operation Procedures
 - a. Contract or agreement for sharps disposal and/or other Infectious/Regulated Waste disposal
 - b. Spore test log and test results (if applicable)
 - c. A copy of the client questionnaire and consent form
 - d. Aftercare instructions that will be provided to clients
 - e. Manufacturer's information on sterilization equipment (if applicable)
 - f. Infection and exposure control written procedures. These written procedures shall include, but are not limited to:
 1. Instrument cleaning and sterilization
 2. Cleaning and disinfection of the procedure area(s), as required in Section 9-902(g)
 3. Universal Precautions procedures
 4. Infectious Waste Management plan, consistent with CRS 25-15- 401, including segregation, identification, packaging, storage, transport, treatment, disposal and contingency planning for blood spills or loss of containment of Infectious/Regulated Waste.

