## West Virginia Department of Health and Human Resources



## Bureau for Public Health Monongalia County Health Department



## TATTOO STUDIO PLAN REVIEW INFORMATION REPORT

NOTE: A floor plan showing the location of all equipment, including toilet rooms and fixtures provided therein; and specifications of all equipment including manufacturer and model number MUST accompany this report.

Name of Studio :			
Studio Owner :			
Owner Address :		Telephone :	
Architect/Engineering F	Firm :		
Address :		Telephone :	
Date construction is pro	oposed to start, end	Proposed opening date	
3. Yes No 4. Yes No 5. Yes No CLEANING ROOM	All doors self-closing? All outer openings protected against entry of ir Openings in floors, walls, ceilings for pipes, caprotected?	bles and conduits caulked or otherwise	
	el number of ultrasonic machine :el number of autoclave :		
1. Yes No 2. Yes No 3. Yes No	Separate sink provided, reserved for instrument clean up activities only?  Designed to provide distinct, separate areas for cleaning equipment, and for handling and storage of sterilized equipment?  Ultrasonic cleaning unit provided, properly labeled, and placed away from sterilizer and workstations?  Approved autoclave provided?		
Walls :			
2. Yes No 3. Yes No	Made of smooth, nonabsorbent and nonporou Concrete block or other masonry surfaces cov Light in color? Floor/wall junctures sealed and coved in toilet	ered or made smooth and sealed?	
2. Yes No 3. Yes No	Artificial light sources provide 20 foot-candles Artificial light sources provide 50 foot-candles Will spot-lighting be utilized to achieve require Artificial light sources shielded or shatterproof	in workstations? d illumination in workstations?	

	REFUSE STO	ORAGE &	DISPOSAL		
3. Yes No Other approved infectious medical waste containers available? 4. Yes No Storage of refuse designed to eliminate insect and rodent infestation? 5. Yes No Disposal of infectious medical waste by an approved method?  SEWAGE AND LIQUID WASTE DISPOSAL 1. Yes No Served by public sewage system? 2. Yes No Served by individual sewage system? 3. Yes No Exposed overhead sewage system approved by health department? Date approved:  4. Yes No Exposed overhead sewage lines?  TOILET FACILITIES Number of lavatories: Number of lavatories: Number of lavatories: No Hand sink located inside restroom facility? 4. Yes No Vented to outside air by mechanical exhaust? 5. Yes No Hand sink located inside restroom facility? 4. Yes No Located convenient and accessible to technicians and patrons? 5. Yes No Provided with hot and cold running water, soap, and single-use towels?  VENTILATION 1. Type of ventilation provided: 2. Yes No Morition provided: 2. Yes No Served by public water system? 3. Yes No Served by individual water system? 3. Yes No Served by individual water system? 3. Yes No Served by individual water system? 4. Yes No Served by individual water system approved by health department? Date approved:  WORKSTATIONS 1. Yes No Separated by solid wall from all other activities? 2. Yes No More than one piercing station in one work room? 3. Yes No Hand sink with hot and cold running water, operated by wrist or knee action provided in each area? 4. Number of hand sinks provided: 5. Yes No All surfaces made of smooth, non-absorbent, non-porous materials? 6. Yes No Storage of chemicals in an approved manner?  Plans and information submitted by:  (Signature)  Titte:  Date:					
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SEWAGE AND LIQUID WASTE DISPOSAL  1. Yes	3. Yes	No	Other approved infectious medical waste contain	ners available?	
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