

## Department of Resource Management 675 TEXAS STREET, SUITE 5500

675 TEXAS STREET, SUITE 5500 FAIRFIELD, CALIFORNIA 94533 (707) 784-6765 Fax (707) 784-4805

| OFFICIAL USE ONLY |   |
|-------------------|---|
| REG. #49T1        | В |
| Date              |   |
| Amt pd            |   |
| Rcpt#             |   |
| REHS Verified     |   |
|                   |   |

### PRACTITIONER'S APPLICATION \*DUE 14 DAYS BEFORE THE EVENT\*

All applications/payments submitted less than 14 days prior to the event are subject to a <u>late fee</u> and may not receive approval to operate.

| Name of Event   |  |     |  |  |  |
|---|--|-----|--|--|--|
| Location of Event   |  |     |  |  |  |
|   | Start Date/End Date* Time of Event   |     |  |  |  |
| *According to Section 119317, a practitioner may practice in a  |  |     |  |  |  |
| day period  | 1 ,  | ·   |  |  |  |
| Event Sponsor's Name  | Event Sponsor's Ph   | one |  |  |  |
| Name of Practitioner  |  |     |  |  |  |
| Business Name/Address   |  |     |  |  |  |
| Solano County Registration #OR  |  |     |  |  |  |
|   | n County Name)   |     |  |  |  |
| TYPES OF SERVICES TO BE PROVIDED: ☐ TATTOOING ☐ B  Permit fees per event:  Regular / Late*  |  |     |  |  |  |
| \$185.00/ <b>\$277.50*</b> Temporary Demonstration Booth  Required Information:   |  |     |  |  |  |
| <ul> <li>□ A floor plan of your body art temporary setup</li> <li>□ A copy of your registration</li> <li>□ A copy of your photo identification (you must</li> <li>□ A copy of your Hepatitis B vaccination or Dec</li> <li>□ A copy of your Body Art Bloodborne Pathoge</li> <li>□ I have paid the temporary demonstration booth</li> <li>"Temporary Demonstration Booth Requirement</li> </ul> | clination is attached<br>on Training certification<br>on fee and I have read and |     |  |  |  |
| I declare that to the best of my knowledge the inform to conform to all conditions and directions, issued pu 5, Section 119317.   |  |     |  |  |  |
| Signed:   | Date:  |     |  |  |  |



## Department of Resource Management

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### TEMPORARY DEMONSTRATION BOOTH AND ARTIST REQUIREMENTS

#### I. A Temporary Demonstration Booth Shall Meet All of The Following Requirements:

- 1. Be located within a building that has hand washing facilities with hot & cold running water, soap, & single-use paper towels to which practitioners have direct access.
- 2. Be constructed with a partition of at least three feet in height separating the procedure area from the public.
- 3. Floor space of at least 50 square feet per practitioner
- 4. Client consent forms and questionnaires
- 5. No food, drink or tobacco products in the booth.
- 6. Be free of insect or rodent infestation.
- 7. Used exclusively for performing body art.
- 8. Equipped with adequate light available at the level where the practitioner is performing body art.
- 9. Equipped with hand washing equipment that consists of containerized liquid soap, single-use paper towels, a five-gallon or larger container of potable water accessible via spigot, and a wastewater collection & holding tank of equal size.
- 10. No animals allowed within the confines of the demonstration booth (except ADA service animals).
- 11. Certificate of Registration displayed in public view or kept available for inspection upon request.

#### II. A Temporary Body Artist Shall:

- 1. Retain a current copy of their certificate of registration onsite for review by the enforcement agency
- 2. Have photo identification onsite and made available to the enforcement agency
- 3. Evidence of Bloodborne Pathogen Training shall be available for review onsite and shall not be expired
- 4. Use only approved equipment; instruments that are not approved are subject to impoundment
- 5. Use appropriate personal protective equipment while performing all body art procedures
- 6. Properly cover or bag their tattoo machine & clip cord when in use, and use barrier film or bags for all other procedural items meant for re-use
- 7. Clean & disinfect client chair, table and tattoo machine between clients
  - a. Acceptable disinfectants include Opti-cide 3, Madacide, EcoTru Professional or any EPA-registered hospital grade cleaner and disinfectant proven to prevent HBV and HIV

Note: This check list should be provided at each booth during event set-up.

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|                               |      |  |  |

This check list is designed for temporary event organizers and participating practitioners. This guidance document contains a list of requirements that practitioners are expected to understand and implement at a Temporary Body Art Event. These requirements will meet public health and safety standards established in California's H&S Code Chapter 638 Safe Body Art Law (Section 119308, 119309, 119310, 119311,119317 and 119318). Compliance will be verified by staff.

| 119 | 9311,119317 and 119318). Compliance will be verified by staff.  |
|-----|---|
|     | ALL PRACTITIONERS MUST HAVE A VALID PRACTITIONER REGISTRATION A registration is considered valid if it was issued from any jurisdiction within California; valid within one year of the issue date; and or valid within the noted expiration date.  |
|     | PRACTITIONER REGISTRATIONS MUST BE VISUALLY DISPLAYED The registration must be present at the time of the event. If you do not want to be interrupted during your inspection, visually display your registration on you or at your booth. If your registration does not have a current ID photo be prepared to provide a photo ID upon request.   |
|     | NO FOOD OR DRINK No food, drink, or tobacco products are allowed in the booth. Clients and practitioners shall not eat or drink within the booth. If the client or you needs to eat, drink or smoke, the client and you must leave the booth. Remember, the booth is the procedure area.  |
|     | CLEAN ENVIRONMENT The only way to maintain a clean and sanitary environment in the procedure area is to be neat and organized. You should have only items necessary to apply your craft. Store personal effects out of the way and away from the work stations in the booth. Under the table is appropriate. Keep all trash generated in the lined waste can. Help notify the sponsor to maintain regular trash pick-up from your booth. Remember, the booth is the procedure area.   |
|     | FORMS AND PAPERWORK You are required to have all necessary forms and documents to perform body art. These forms include but are not limited to: Client Consent; Medical History; Aftercare Instructions; Client Procedure Log; and or separate Procedure Log to document the use of disposable instruments; disposable instrument invoice; jewelry mill certifications; etc.  |
|     | <u>WASH YOUR HANDS</u> It is your responsibility! Wash and dry your hands with the <u>soap and water</u> just prior to and after <u>every procedure</u> . Commercial hand washing stations have been provided. Make sure you know where your closest stations are. Notify the sponsor to ensure that hand washing stations are maintained for your use. Remember that hand sanitizer cannot take the place of hand washing. By washing your hands properly and at the appropriate times you will not only protect the health of your customers but your own health as well. |
|     | PERSONAL PROTECTIVE EQUIPMENT For every procedure, put on a new disposable bib or lap pad, and clean disposable examination gloves. If the gloves are compromised either by touching objects outside of the client and direct work station or develop a hole or rip, throw away that set, wash your hands and put on a new pair. If the gloves are removed before completion of the procedure, throw away that set, wash your hands and put on a new pair.  |
|     | TATTOO MACHINE "Bag" the tattoo machine as well as the power cord with a disposable plastic sheath. Discard the plastic sheath after the completion of each procedure. <u>Inspect and clean the machine after each use.</u>   |
|     | SINGLE USE Needles, ink caps, gloves, aprons, paper towels, dental bibs, cord covers, machine bags, plastic wrap, stencils, marking pens or other coverings for chairs and workstations shall be single use. Document the use of disposable instruments such as needle tubes in peel packs on the client procedure log, along with the date and name of the practitioner. Maintain instrument purchase records by the practitioner/tattoo company of use. JEWELRY shall be pre-sterilized in individual peel packs.   |
|     | RE-USEABLE INSTRUMENTS Re-usable instruments must be presterilized in peel packs. The peel pack must have the date of sterilization and the initials of person who completed the sterilization load. SOILED INSTRUMENTS After the procedure, place soiled instruments in a hard plastic container with a water "tight" fitting lid. Clearly label the container with the contents (i.e. soiled or dirty instruments) and use for the direct transfer of the instruments to the Decontamination Sterilization Station.   |
|     | <u>DISINFECTION AND DECONTAMINATION</u> Clean and disinfect all surfaces or objects in the work station that have been in contact with the client or materials utilized during the procedure with an industry standard disinfectant. Items include, but are not limited to: arm rests, chairs, tables, trays, tattoo machines etc.  |
|     | SHARPS WASTE A properly labeled container for sharps waste must be provided by the event organizer. Dispose of all used needles, razors, grommets, and other sharps waste in the sharps container. Locate the sharps container within arms reach of the practitioners. Return   |

the sharps container to the event organizer for disposal at the conclusion of the event.

# HEPATITIS B DECLINATION FORM

Appendix A to Section 1910.1030-Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. As am employee, I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me from my employer.

| Body Art Practitioner Signature               | Date |  |
|---|------|--|
| Employer Signature (If none, please indicate) | Date |  |
|   |      |  |