



# BURLINGTON COUNTY HEALTH DEPARTMENT

15 PIONEER BOULEVARD | P.O. BOX 6000 | WESTAMPTON NJ 08060

PHONE: 609-265-5516 FAX: 609-265-5541



Public Health  
Prevent. Promote. Protect.

Burlington County Health Department

## **APPLICATION FOR BODY ART & EAR-PIERCING FACILITIES**

### **STEP BY STEP PROCEDURES FOR OPENING A BODY ART FACILITY**

1. Applicant must apply to Burlington County Health Department (BCHD) using the application below
2. BCHD inspectors have 30 business days to review the application and respond accordingly
3. Applicant must apply to the township for all necessary permits (including, but not limited to zoning, construction, plumbing, fire, electrical, etc.). Township permits may not be released to start construction until BCHD architectural approval letter is received.
4. Once the application is approved, an architectural approval letter is sent to the applicant and to the township- this letter allows township permits to be released & construction can begin
5. Once construction is complete, applicant must reach out to the township and schedule their necessary inspections, as well reaching out to BCHD for a pre-opening inspection. A minimum of 3-5 business days is required to schedule the pre-opening. At this point, no more construction can take place & the facility is fully set up with all equipment installed
6. A written report and placard will be issued at the pre-opening inspection. The applicant must go to the township to apply for a food handlers permit & certificate of occupancy (if applicable)
7. Approximately 4-12 weeks after the pre-opening, an annual inspection takes place by a BCHD inspector

### **EXPLANATION OF DOCUMENTS REQUIRED:**

1. **Municipal Zoning/Planning Approval:** Provided in writing from the township facility is going into
2. **Floor plan of facility:** A clearly labeled layout of facility with dimensions/ drawn to scale with the following:
  - Finishing materials of furniture, floors, walls & work stations
  - Wall and ceiling colors
  - Workstations (*cannot be less than 80 square feet (will be measured)*)& display/ retail cases
  - Partitions installed between stations
  - 1 handwashing sink per 2 stations
3. **Description of All Services Provided:** listing all servicing specific to your operation, including but not limited to body piercing, body tattoos, eyeliner, eyebrow, lip liner, lip shading, etc.
4. **Regulated Medical Waste Generator ID #:** [NJ DEP Regulated Medical Waste Generator Registration Form](#) (link is clickable) RMW must be renewed annually
5. **Client Application:** Must include applicants: name, date of birth, address, emergency contact name and phone, date and location of procedure, name of practitioner performing procedure, signature, medical history (*proof of parental/guardian presence if minor*), spot to record pigment name and lot number, location of procedure and name of artist performing procedure
6. **Copy of After Care Instructions for each Procedure:** Specific instructions for care to the site, restrictions, or things to avoid, signs and symptoms of infection and instructions to consult a physician if infection occurs
7. **Copy of Informed Consent for each Procedure:** Consisting of type of procedure, risks, alternatives, generally accepted results, after care plan and applicants signature
8. **Training Documentation:**
  - **Tattoo:** verification of completing a 2,000-hour apprenticeship under direct supervision of a practitioner
  - **Body Piercing:** verification of completing a 1,000-hour apprenticeship under direct supervision of a practitioner
  - **Permanent Cosmetics:** verification of completing a 100-hour training AND a certificate from passing an exam from one of the following: American Academy of Micropigmentation, Society of Permanent Cosmetic Professionals or SoftTap Inc
    - *\*If certified in areola restoration or camouflage, credentials must be provided **prior** to performing service\**
  - **Ear Piercing:** verification of completing a training program and the competency of said employee is maintained on file and written verification of three ear lobe and three cartilage procedures performed under direct supervision of the operator
9. **Photographs of work:**
  - **Tattoo:** 10 photos of tattoos performed, with accompanying adverse reactions
  - **Body Piercing:** 10 photos of body piercings, with accompanying adverse reactions
  - **Permanent Cosmetics:** 5 photos of each: eyebrow, eye liner, lip liner/shading
10. **Acceptance/Declination HBV Vaccine Series:** Form available to fill out upon request.
11. **Completed bloodborne pathogen course:** Valid usually for only 1-2 years and must be renewed
12. **Copy of Malpractice Insurance for each Practitioner:** Provided listing all practitioners names or a blanket covering
13. **Inventory list of Equipment, Jewelry, Inks with Name & Address of Manufacturers:** Listed in a document for review

*\*\*If utilizing an autoclave, additional approvals must be granted, **prior** to implementation:*

1. Make, Model and Serial Number printed on the back of photograph to the autoclave, copy of manufacturer's instructions/manual
2. Negative biological indicator test, with a negative result & tested monthly
3. Equipment cleaning room & eyewash station
4. Individual peel packs



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TYPE OF ESTABLISHMENT	FACILITY STATUS AND FEE
<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Ear Piercing	<input type="checkbox"/> New <b>ONE HUNDRED DOLLARS(\$100.00)</b> <input type="checkbox"/> Alteration <b>SEVENTY FIVE DOLLARS(\$ 75.00)</b>

### OWNER/ CORPORATION INFORMATION:

Name:	Phone:	Email:
Street Address:		
City:	State:	Zip Code:
Name of Corporate Officer/ Partner (if applicable):		

### FACILITY INFORMATION: (specific to your business, not the salon suite, if applicable)

Name of Your Establishment:	Phone:	
Street Address:		
City:	State:	Zip Code:
Name of Owner/ Operator:		
Days and Hours of Operation:		
Trash Removal Company (name, address & phone):		
Hazardous Material Hauler (name, address & phone):		
Use of an Autoclave?	Yes	No
Potable Water Source System	Public	Well Water (water tests for Nitrates & Coliform required)
Sewage Disposable System	Public	Septic System (approvals may be required by Septic Division)

### THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:

List all Practitioners & Body Art Services Performed: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Municipal Zoning/Planning Approval in writing <input type="checkbox"/> Floor Plan of Facility <input type="checkbox"/> Description of all Services Provided <input type="checkbox"/> Regulated Medical Waste Generator ID # <input type="checkbox"/> Client Application, After Care Instructions for each Procedure & Informed Consent for each Procedure <input type="checkbox"/> Training Documents <input type="checkbox"/> Photographs of Work <input type="checkbox"/> Acceptance/Declination HBV Vaccine Series <input type="checkbox"/> Completed Bloodborne Pathogen Course <input type="checkbox"/> Copy of Malpractice Insurance for each Practitioner <input type="checkbox"/> Inventory list of Equipment, Jewelry, Inks with Name & Address of Manufacturers <input type="checkbox"/> Autoclave requirements, if applicable
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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

