



BODY ART TEMPORARY EVENT FACILITY APPLICATION AND EVENT SPONSOR CHECKLIST

This check list is provided to guide the temporary event sponsor/organizer to obtain the temporary event permit and demonstration booth permits that will meet public health and safety requirements established in California Health and Safety Code (California H&S), Safe Body Art Act Section 119317 and 119318. This application package is required to be submitted a **minimum of 30 days** prior to the date of the planned event.

- A Schematic Drawing of the Temporary Event Facility Floor Plan:** The schematic must show the general layout of the facility to include: the demonstration booth locations, assigned number and company name, potable water supply, booth waste water discharge location, commercial hand washing stations, bathroom locations, posted information for the nearest emergency room, and if applicable, the decontamination/sterilization area. The decontamination/sterilization area shall show the locations of the autoclave, ultrasonic cleaner, and a sink for cleaning equipment and hand washing.
- Participating Practitioner/Company List:** The list shall be comprised of each company, the corresponding booth number, mailing address including postal zip code, email and name of responsible party for each company within the booth.
- Body Art Event Organizer Application:** A written application to address sponsor requirements as specified in California H&S Section 119317 and 119318. The application shall address the following items:
- Demonstration Booth Requirements:** Provide a schematic drawing showing the booth dimensions, partition height, booth number, (the booth shall provide at least 50 sq. ft. of floor space for each participating practitioner within the booth) and meet requirements of California H&S Section 119317(a) through (k).
- Decontamination/Sterilization:** California H&S Section 119318 (c) (7): Provide contact information for the decontamination/sterilization booth contractor. Provide the Blood-borne Pathogen Training Certificate and/or Body Art Practitioner Registration for the booth operators. Discuss the operational procedures of this booth for compliance with sterilization standards of California H&S Section 119315 (a)(b)(1) (2)(3)(4)(5) (the location should be indicated on the event schematic plan). Complete a biological spore test after set-up and submit sample to a laboratory for analysis. Maintain a log book of sterilization cycles including the date of the cycle, list of the contents of the load, exposure time and temperature, Class V integrator results, and biological spore test results.
- Hand Wash Facilities:** California H&S Section 119317 (g) (1) (2): Indicate type of hand washing stations provided. Indicate hand wash station locations on the temporary event floor plan. Hand washing stations shall be equipped with single dispensed paper towels and liquid soap. Provide the method and frequency that will be utilized to remove waste water and recharge potable water for the hand wash stations or hand wash equipment in the booth.
- Restrooms:** California H&S Section 119318(c) (2): Discuss available rest room facilities for compliance with this section.
- Sharps Disposal:** Provide a copy of the disposal agreement from an approved disposal service for the sharps if applicable. Provide properly labeled, portable sharps containers in each demonstration booth and in the decontamination station.
- Trash Removal Frequency:** California H&S Section 119318(c) (5): Provide method of removal and disposal of trash from the demonstration booths.
- Backup Supplies:** California H&S Section 119318(c)(8): Discuss the availability of single use supplies for practitioner purchase and use.
- Forms and Documents:** California H&S Section 119318(c) (8) (I): Discuss availability of all necessary forms (i.e., Client Consent, Medical History, Aftercare Instructions, Client Procedure Log, Single-use Instrument Use Log, and Sterilization Log).



BODY ART TEMPORARY EVENT APPLICATION
Event Organizer/Sponsor/Coordinator

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|---|--|
| TYPE OF SERVICES: <input type="checkbox"/> TATTOO <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> BRANDING <input type="checkbox"/> OTHER: _____ | TYPE OF PERMIT: <input type="checkbox"/> EVENT SPONSOR |
|---|--|

| EVENT INFORMATION | | | |
|------------------------|-----------------------|-------------------|------|
| NAME OF EVENT: | DATE(S): MONTH | DAYS TO | YEAR |
| NAME OF EVENT MANAGER: | CONTACT PHONE NUMBER: | TIME(S) OF EVENT: | |

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|------------------|---|--------------------------|---------------|-----------|
| ORGANIZER | “Organizer” means an individual or business entity, including an event coordinator or manager, responsible for the organization of a convention, tradeshow, or other temporary event that includes a body art demonstration booth. A sponsor may also be a body art practitioner. | | | |
| | ORGANIZER/COORDINATOR NAME: | | PHONE NUMBER: | |
| | MAILING ADDRESS: | CITY: | STATE: | ZIP CODE: |
| | EMERGENCY CONTACT NAME: | EMERGENCY CONTACT PHONE: | EMAIL: | |

| | | | | |
|-----------------|--|----------------|------------------------|-----------------------|
| LOCATION | EVENT LOCATION NAME: | | LOCATION PHONE NUMBER: | |
| | NAME OF LOCATION MANAGER/ OWNER/ REPRESENTATIVE: | CONTACT EMAIL: | | CONTACT PHONE NUMBER: |
| | LOCATION ADDRESS: | CITY: | ZIP CODE: | |

| SITE PLAN MUST INCLUDE | BODY ART BOOTHS |
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| Submit a site plan showing the general layout of the event and location(s) of each of the following: <ol style="list-style-type: none"> 1. Body Art Demonstration Booth(s) 2. Potable Water Supply 3. Toilet and Hand Washing Facilities – include quantity 4. Trash Disposal Containers - include quantity 5. Decontamination/Sterilization Area(s) – include quantity 6. Back-up Supplies 7. Hand Wash Stations – include quantity | NUMBER OF BODY ART BOOTHS OPERATING AT EVENT: _____ |
| | WILL ALL BODY ART BOOTHS USE PRE-STERILIZED, DISPOSABLE INSTRUMENTS/NEEDLES? <input type="checkbox"/> YES <input type="checkbox"/> NO* *If “No”, complete “Decontamination/Sterilization Area” section |
| | Provide a copy of current bloodborne pathogen (BBP) training certification for each practitioner |
| | SEE FEE SCHEDULE FOR BODY ART DEMONSTRATION BOOTH PERMIT FEE |

EVENT SPONSOR ACKNOWLEDGMENT

- I understand I shall provide a list of all booth operators participating in the event; to have back-up supplies available for purchase; and post in a conspicuous place the name, telephone number, and directions to an emergency room near the event.
- I understand that it is the sponsor’s responsibility to ensure that all body art practitioners who will be participating in the event must have a valid Practitioner Registration from a California jurisdiction.
- I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.
- I understand that failure to meet the conditions approved in this application and/or failure to comply with requirements set forth in The Safe Body Art Act (California Health and Safety Code commencing with Section 119300) and Santa Clara County Ordinance Code B11 may result in the suspension of approval to operate the event, suspension of the approval to operate the affected body art booths, and/or may result in an administrative fine.
- I understand that I am responsible for obtaining approval from all applicable agencies.
- I hereby certify that all statements made in the application and information in the attached event sponsor check list are true and correct.
- I authorize investigation of all matters contained in this application.
- I agree to operate this temporary event in accordance with all applicable state and local regulations regarding body art procedures and permit requirements.
- I understand that once the application is reviewed, the application fee is non-refundable.

Print Name: _____ Phone: _____
 Signature: _____ Date: _____

BODY ART DEMONSTRATION BOOTHS

Body art demonstration booths must be located within a building, with a partition at least 3 feet high to separate the procedure area from the public and equipped with adequate light and a sharps waste container. The area within the booth must provide at least 50 sq. ft. of floor space for each practitioner’s workstation.

DECONTAMINATION/STERILIZATION AREAS

TYPE OF SINK: PERMANENT PORTABLE

PORTABLE SERVICE COMPANY NAME: _____ PHONE NUMBER: _____

PORTABLE SERVICE COMPANY ADDRESS: _____

ULTRASONIC (MODEL): _____ AUTOCLAVE (MODEL): _____ DATE OF LAST SPORE TEST: _____

Is the decontamination/sterilization area operated by the event sponsor?
 Yes No Not applicable Explain: _____

- If “Yes”, provide a copy of the procedures for decontamination area, log book with records of each load including date, contents, exposure time and temperature, integrator results, and spore test results onsite.
- If “No”, provide name(s) of party responsible with contact information.

BODY ART BOOTH HAND WASHING STATION

The following is required for each hand washing station:

- 5-gallons or more of water accessible via spigot,
- liquid soap,
- single-use towels and
- a wastewater collector/ holding tank.

Up to two booths may share a hand washing station. The location of shared facilities must be approved by the local enforcement agency.

Number of hand washing stations: _____

Hand washing stations will be provided by: Event Sponsor Body Art Operator

Service Provider Name: _____

Service Provider Address: _____

PUBLIC TOILET FACILITIES

Number of Toilets: _____ For multi-day events, how often will toilet facilities be cleaned? _____ times/day

Number of hand washing sinks: _____

Warm water provided at hand washing sinks? Yes No

WASTE DISPOSAL

Number of trash containers per booth: _____ How often are trash containers emptied? _____ times/day

Number of sharp containers per booth: _____

Provide a copy of the agreement with the company responsible for proper removal and disposal of all sharps waste containers. Provide the sharps waste hauler information. If mail back systems are being used, list company name and information.

Name: _____

Address: _____

Telephone: _____

OFFICIAL USE ONLY

COMMENTS _____

FACILITY ID # _____ DESIGNATED EMPLOYEE _____

APPROVED DISAPPROVED

BY _____ EMP# _____ DATE _____ SUPERVISOR _____ DATE _____