CLAYTON COUNTY ENVIRONMENTAL HEALTH

BODY ART STUDIO APPLICATION PACKET WITH ARTIST INFORMATION

Guidance on Permitting an Existing Body Art Studio

The Department of Public Health (DPH) Chapter 511-3-8, Rules, and Regulation for Body Art, defines body art as any facility or building on a fixed foundation wherein a body artist performs body art. An existing studio is characterized as one currently in existence on or before October 6, 2023, and complies with a local county board of health or county ordinance. Upon the rules effective date, an existing studio shall be given a maximum of twelve months (12) to meet the applicable requirements and obtain a new DPH permit to operate in the state of Georgia. Existing studios should receive notice on how to obtain a new permit from the local County Health Department (LCHD), Environmental Health (EH) Office where the studio is physically located.

Process for Existing Studios to Obtain a DPH Permit:

1. Complete an application with the LCHD, EH Office in the county where the studio is located. The applicant will also be required to list the Body Artists working in the studio at the time of submitting the application and update the list as necessary. An applicant must be at least 18 years of age.
2. Pay all applicable local fees to the LCHD, EH Office.
3. Submit a layout of the existing facility if one is not already on file with the LCHD, EH Office or if there are changes in the layout or operation.
4. Before issuance of a permit, each Body Art Studio shall develop the required written policies and operating procedures that address the following:
    a. Sterilization of instruments and equipment and Emergency Sterilization Procedures.
    b. Body Artist and Employee Health.
    c. Body Artist and Employee Drug and Alcohol Use.
    d. Sanitizing areas and equipment between use.
    e. Disposal of waste.
    f. Record keeping.
    g. Client screening.
    h. Aftercare.
    i. Exposure control plan.
    j. Emergency plan for accidents that addresses first aid procedures; and
    k. Water Interruption plan.
5. Submit for review examples of studio's client file forms, the client application, client evaluation, informed consent, and aftercare instructions.
6. Submit specification sheets on equipment, as necessary, for approval or continued use.
7. Upon completion of the plan review, the LCHD, EH Office will either schedule a studio inspection or provide a written notification of the studio's deficiencies. The health authority may require existing equipment or facilities to be replaced.
8. After the studio compliance inspection, the LCHD, EH Office will either issue a permit or notify the applicant in writing of the deficiencies and corrective actions needed to comply with the rules.

Please contact the LCHD, EH Office for more information on obtaining the required DPH Body Art permit.

Georgia Department of Public Health
Environmental Health Section | Body Art Program
dph.georgia.gov/environmental-health

BODY ART STUDIO PERMIT APPLICATION REQUIREMENTS

The attached application is for a Body Art Studio Permit. Submit the completed application to the county environmental health office that has jurisdiction for the location where the applicant intends to operate a body art studio at least **14 days** prior to the start of construction. This application must be accompanied by the following:

- Each application for a permit shall be accompanied by an 8 ½" x 11" or larger page containing a detailed, to-scale floor plan of the body art studio. Such plan shall show the accurate placement of each of the following: windows, doors, chairs, tables, sinks, restrooms, waiting area, and all equipment placement whether affixed or not for clients or staff, and shall include room measurements.

- Specification sheets for all equipment to be in the studio shall be provided as determined by the Health Authority. Studios using all commercially purchased, individually packaged, sterile, single-use, disposable instruments and jewelry shall provide adequate manufacturer documentation to avoid requirements for an ultrasonic cleaner and autoclave.

- Before being granted a permit, each body art studio shall develop a written statement of policies and standard operating procedures that address:
  - ☐ Sterilization and Emergency Sterilization Procedures;
  - ☐ Body Artist and Employee Health;
  - ☐ Body Artist and Employee Drug and Alcohol Use;
  - ☐ Sanitizing areas and equipment between use;
  - ☐ Disposal of waste;
  - ☐ Record keeping;
  - ☐ Client screening;
  - ☐ Aftercare;
  - ☐ Exposure control plan;
  - ☐ Emergency plan for accidents that address first aid procedures; and
  - ☐ Water interruption plan

- The applicant shall certify in its application the names and exact duties of the employees and body artists who will be responsible for carrying out the rules and policies adopted by the permit holder. The following information shall be included for each such person:
  - Valid driver's license or Government issued I.D.
  - Date of birth (DOB)
  - Home address
  - Telephone numbers
  - Department issued body artist certification of all artists who will practice in the studio

Georgia Department of Public Health
Environmental Health Section | Body Art Program
dph.georgia.gov/environmental-health

GEORGIA DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR BODY ART STUDIO PERMIT

Name of Body Art Studio: _____

Location of Body Art Studio: County:_____

_____
Street City State Zip Code

Telephone #: _____ Email: _____

Body art procedures to be performed (Check all that apply): ❍ Tattooing ❍ Piercing ❍ Microblading

Business Model (Check one): ❍ 100% Disposable/Single Use Items Only ❍ Autoclave and Ultrasonic Unit Utilized

Water Supply: ❍ Public ❍ Private Well **Sewage Disposal:** ❍ Onsite System ❍ Public

Water System Name: _____ **Number of Artist Workstations: _____**

Studio Owner's Name: _____
First Middle Initial Last Suffix(Sr, Jr, III)

Type of Government Issued Identification: _____ Expiration Date: _____/_____/_____

Owner's Mailing Address: _____
Street City State Zip Code

Billing Mailing Address: _____
Street City State Zip Code

Primary Phone #: _____ Secondary Phone #: _____ Email: _____

I, _____, affirm all the information provided in this application (including the Verification of Residency and all
(Applicant's Legal Name)
supporting documents) is true to the best of my knowledge. I understand that any misrepresentation, omission or concealment of material facts is grounds for denial or revocation of my Body Art Studio Permit. I have read and agree to abide by the Department of Public Health, Rules and Regulation for Body Art, Chapter 511-3-8.

Applicant Signature: _____ Date: _____/_____/_____

Georgia Department of Public Health
Environmental Health Section | Body Art Program
dph.georgia.gov/environmental-health

BODY ART STUDIO EMPLOYEE LIST

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address:_____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address:_____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address:_____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address:_____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

Employee Name: _____ Date of Birth _____/_____/_____

Mailing Address:_____
Street City State Zip Code

Telephone #: _____ Email: _____ DPH Certification #: _____

GEORGIA DEPARTMENT OF PUBLIC HEALTH

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Verification of Residency

In order to obtain my Body Art Studio Permit, I hereby swear, under oath, that I am: *(check <u>one</u> of the following)*

_____ Citizen of the United States;
_____ A legal permanent resident of the United States;
_____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
Official Alien Number: _____

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):
_____ Driver's license
_____ Birth certificate
_____ US Passport
_____ US Permanent Residence or Alien Registration Receipt Card
_____ Certificate of Citizenship or Naturalization
_____ Other (please call our office at 404-657-6534 to verify document will be accepted)

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Studio Owner Name (printed):

_____

Studio Owner Signature:

_____

Notes:
This form must be notarized or it <u>will not be accepted</u>.

Subscribed and sworn before me
this ____ day of _____, 20___.

_____
Notary Public
My commission expires _____.

ADDITIONAL INFORMATION AND ARTIST FORMS

Guidance on Processing Body Artist Certifications

Body Artists are considered practitioners who perform tattooing, piercing, or microblading. Accordingly, Chapter 511-3-8, Rules, and Regulations for Body Art, does not apply to a physician or osteopath licensed under O.C.G.A. Chapter 34 of Title 43 or to a technician acting under the direct supervision of such licensed physician or osteopath.

If artists currently hold a local body artist permit or if no local permit is required and artists currently practice in a permitted studio, upon the effective date of this Chapter, October 6, 2023, those artists will be considered existing artists. Chapter 511-3-8, Rules and Regulations for Body Art, allows an existing body artist a maximum of twelve months (12) to meet the applicable requirements to obtain a Department of Public Health (DPH) certification to practice body art.

New artists applying for certification on or after the rules effective date of October 6, 2023, will be required to obtain a DPH Body Artist Certification before they begin to practice in a permitted studio.

Local County Health Department (LCHD), Environmental Health (EH) Offices should notify artists on the pending certification changes and provide guidance on how to obtain a DPH, Body Artist Certification or direct artists inquiries to the DPH, Environment Health Section (EHS), Body Art Program for additional guidance. All body artists must pass a Body Artist Exam given by the LCHD, EH Office. There is an exam for each body art procedure: tattooing, piercing, and microblading.

Steps in Processing an Artist Application:

1. An applicant must be at least 18 years of age.
2. An applicant must schedule to take the Body Artist Exam(s) with a LCHD, EH Office
3. Pay applicable Body Artist Exam(s) fees.
4. Pass the exam(s) with a score of at least 70 points.
5. When an applicant passes the exam(s), the Local County Health Department will provide the DPH Environmental Health Section with the applicant's passing grade sheet(s) with their personal contact information including name, address, phone number and email. Please write clearly and provide a working email address and phone number on the sheet.
6. Upon receipt of the examination sheet with the applicants contact information, DPH EHS will send an online application through a third-party processor called DocuSign to the applicants' email address.
    a. DocuSign is an electronic signature portal that allows users a way to send and sign documents with confidence.
    b. DocuSign will not require an artist to download any special application or create a password to access the DPH application.
    c. DPH is not currently charging a fee for an artist certification under the new rules.
7. Please use the "Review Document" link in this email to open, review, complete and sign the Georgia Department of Public Health Body Artist Certification Application.
8. An applicant will only be required to click on the link to gain access to the fillable Body Artist Certification application in the portal.

9. An applicant must complete the fields in the application and upload the required documents for approval by DPH, EHS.

10. The following documents must be uploaded with the application into the DocuSign processing portal:
    a. Copy of a Government Issued ID
    b. Signed and Notarized Verification of Residency Form
    c. Bloodborne Pathogen Training Certificate
    d. First Aid Training Certificate
    e. CPR Training Certificate
    f. Hepatitis B Vaccination Status which can be:
        i. Proof of Hepatitis B Vaccination
        ii. Written Laboratory Evidence of Immunity
        iii. Healthcare Provider Issues Contraindicated for Medical Reasons
        iv. Signed Declination of Hepatitis B Vaccination
11. Applicants will receive a completed copy of their application once they fill out all required fields, sign, and click the 'FINISH' button.
    a. Ensure all the information is complete and all documents are current before uploading.
    b. If the required fields are not completed, the portal will not allow the application to be sent.
    c. The DocuSign portal will allow you to save an incomplete application but once it is finished and sent it cannot be changed by the applicant.
    d. The applicant may only view and print the application from the link after submission.
12. Upon receipt of a completed application, DPH EHS will check the application for accuracy. Training documents shall not expire within 6 months of the application submission date.
13. Once approved, DPH, EHS will email the Body Artist Certification certificate to the applicant's email address. If there are any deficiencies, DPH will notify the applicant by phone or email to correct the issue(s).
14. Applicants must print the DPH, Body Artist Certification certificate. A copy of the Body Artist Certification shall be posted where it may be readily observed by clients.

Guest and Temporary Body Artist Permits

The Rules and Regulations for Body Art allow for Guest and Temporary Body Artist Permits. These are to be issued by the Local County Health Department where the individual wishes to work. If you would like to apply for a Guest or Temporary Body Artist Permit, please contact the Local County Health Department, Environmental Health Office.

Contact Information

Please contact the LCHD, EH Office or the DPH, EHS, Body Art Program at bodyart@dph.ga.gov for more information on obtaining a Body Artist Certification.

List of LCHD, EH Offices
https://dph.georgia.gov/document/document/environmental-health-county-phone-numbers/download

CLAYTON COUNTY
HEALTH DISTRICT

Permitting Requirements for Body Art Studios

- **Sterilization and Emergency Sterilization Procedures**
  - Procedures should detail how tools/equipment are properly sterilized and detail actions/processes that would take place if sterilization equipment is not accessible.
- **Body Artist and Employee Health**
  - Employee Health Policy should include information concerning proper cleanliness, good hygienic practices, restriction requirements for employees with exposed infected lesions, etc.
- **Body Artist and Employee Drug and Alcohol Use**
  - Employee Drug and Alcohol Usage Policy should include statements that restrict employees from being under the influence of alcohol and drugs, response procedures, etc.
- **Sanitizing areas and equipment between use**
  - Sanitizing Procedures for equipment and furnishings in common areas, procedure areas, etc.
  - Include documentation on the antibacterial solution / germicidal solution that will be used by all technicians, detail the cleaning frequency, etc.
- **Disposal of Waste**
  - Documentation that details discarding of biomedical wastes and proof of contract/invoice with crematorium/sharps disposal facility giving facility authorization of disposal.
- **Record Keeping**
  - Detail how the client records will be maintained and organized.
- **Client Screening**
  - This should include the consent of the client, health screening questions, and details concerning the procedure(s) that would be performed, etc.
- **Aftercare**
  - Procedures advising clients of the proper subsequent care of the body art.
- **Exposure Control Plan**
  - Plans to control exposure of blood or body fluids, generally referred to universal precautions procedures.
- **Emergency Plan for accidents that address first aid procedures**
  - Should include response protocols and procedures.
- **Water Interruption Plan**
  - This should detail how the operations will continue if there is a water interruption. Plan will need to be approved for there to be a continuity of service.
  - If you plan on closing, please state that in writing.
- **Equipment Specification Sheets**
  - Manufacturer specification sheets for equipment used for sterilizing and cleaning.
- **Floor Plan**
  - Detailed, scaled, on a page no smaller than 8.5" x 11"
  - Include all structural components of floors/walls/ceilings, all areas of the studio (bathrooms, cleaning room - if applicable, seating/waiting area, etc.), seating, storage, equipment, etc.

CLAYTON COUNTY
HEALTH DISTRICT

Certification Requirements for Body Artists

- **Artists must receive certification from the GA DPH Division of Environmental Health Office (see additional guidance).**
- **Certification is obtained by taking the exam associated with the appropriate body art procedure the artist will perform and submitting the required documents.**
  - Exam Types:
    - Tattooing
    - Microblading
    - Piercing
  - Documents (will be requested by the GA DPH upon passing the exam):
    - Government Issued ID
    - Residency Form (notarized)
    - First Aid Training Cert.
    - Bloodborne Pathogen Training Cert.
    - CPR Training Cert.
    - Hep B Vaccination Status or Signed Declination Form.
  - **Our office offers the required exam needed for certification. The exam fee is $50 (per exam proctored). Contact our office for further information at 678-610-7469.**

CLAYTON COUNTY
HEALTH DISTRICT

BODY ARTIST EXAM REGISTRATION FORM

REGISTRANT INFORMATION

Exam Date:_____ ☐**Session 1**: 10am – 12pm ☐**Session 2**: 2pm – 4pm

Legal Name (First, MI, Last):		Preferred Name:
☐ Owner ☐ Artist		Date of Birth:
Cell Phone:	Atl. Phone:	Email: @
Home Address:		
City:	State:	Zip Code:
Name of Body Art Establishment:		
Establishment Address:		
City:	State:	Zip Code:

EXAM TYPE
(PLEASE CHECK ALL THAT APPLY)

☐Tattoos ☐ Body Piercing ☐ Microblading

REQUIRED CERTIFICATION
(COPIES OF TRAINING CERTIFICATES MUST BE SUBMITTED WITH APPLICATION)

☐ Basic First Aid/CPR, Exp. Date: _____ ☐ Blood-Borne Pathogen, Exp. Date: _____

PROOF OF IDENTIFICATION *(please check one)*:

☐Valid Driver's License (State:____Number:_____) ☐State-Issued ID (State:____Number:_____)

HEALTH VACCINATION FORMS
(COPIES OF HEALTH RECORDS MUST BE SUBMITTED WITH APPLICATION)

☐Hepatitis B Series (Date Completed: _____)	☐Declination Form (Form Provided)

VERIFICATION

I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE AND I HAVE ANSWERED TO THE BEST OF MY ABILITIES.

Applicant (Sign): _____	Date: _____

Notice: *All body artists are required to obtain their state body art certification as this is the current law. Artists who currently have a valid permit issued by our department have until Oct. 26, 2024, to gain certification. New artists applying for certification on or after the rules effective date of October 6, 2023, will be required to obtain a DPH Body Artist Certification before they begin to practice in a permitted studio.*