



Temporary Body Art Facility (TBAF) Inspection Application
Marquette County Health Department
 184 US 41 East, Negaunee, Michigan
 906-475-4195

To operate a Body Art Facility in Michigan, as required by Act 375, Public Acts of 368 of 1978, as amended

A. Operator Information (PLEASE PRINT)			B. Event Information	
Name of Temporary Body Art Facility (TBAF):			Proposed TBAF Location (Number, Street, City):	
Name of Owner/Operator:			Name of Event (if applicable):	
Mailing Address (Number & Street, Box or Route):			Operation Starts Date: Time:	Operation Ends Date: Time:
City	State	Zip Code	TBAF will be Set-Up and Ready for Inspection Date: Time:	
Phone No. ()	Alternate Phone No. ()		Coordinator of Event	Phone No. ()

C. Facility & Operations Information		
1. Affiliated or Unaffiliated Body Art Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No Affiliated licensed BAF Name, Address, & License #:	2. Service(s) provided: <input type="checkbox"/> Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Branding 3. Number of technicians working the event and during what time periods:	4. Legal name of technicians with aliases:

5. Identify the source of the potable water supply serving your TBAF. Describe how water will be supplied to your TBAF.

6. Describe how electricity will be provided to the TBAF.

7. Describe the floors, walls, ceiling surfaces, and lighting within the TBAF.

8. Equipment: Single Use Reusable
Describe sterilization process and procedure:

9. List the type of tuberculocidal disinfectant(s) you will use and EPA Registration Number:

10. Describe how and where wastewater from instruments and hand washing will be collected, stored and disposed.

11. How will medical waste be removed from the facility and disposed of properly?

12. Number of Sanitary Facilities: _____ Hand Washing Stations: _____ Toilets-Flush: _____ Toilets-Portable: _____

D. Records & Public Notice - Submit a hard copy of the following documentation with application:

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| <ul style="list-style-type: none"> -Hepatitis B vaccination status or documentation of declination for each employee -Copy of written educational material provided to client -Aftercare instructions for each procedure -Disclosure statement | <ul style="list-style-type: none"> -Notice for filing complaints -Copy of current medical waste generator certificate -If using an autoclave, current spore test is required |
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E. Drawing:

Provide a scaled drawing of the TBAF. Identify and describe all equipment (including autoclave, ultrasonic, chair) hand washing facilities, step up and procedure tables, sharps container, ink, needle, tube storage, and other body art:

F. Body Art Preparation at the Temporary Body Art Facility (List all supplies. Attach supplemental sheet if needed.)

Equipment	Make	Model	Specifications	Describe cleaning and sterilization process

I have read the Michigan Body Art Law PA 375 and the Michigan Department of Community Health Requirements for the Body Art Facilities.

Applicant's Signature	Date of Submission
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SUBMIT APPLICATION & FEE TO THE LOCAL HEALTH DEPARTMENT WHERE THE TEMPORARY BODY ART EVENT WILL BE HELD

This area is for Local Health Department Use: State Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No Local Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Amt. Received: _____ Check # _____ Cash _____ Receipt Number _____
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