

## How to submit a plan review for a body art establishment in Montana

- If you wish to operate a body art establishment in **Gallatin County** (406)582-3120, **Cascade County** (406) 791-9275, **Missoula County** (406) 258-4755 or **Yellowstone County** (406)256-2770, please contact those counties directly. They have their own plan reviews and requirements.
- If you wish to operate a body art establishment in: **Beaverhead, Custer, Dawson, Fergus, Golden Valley, Hill, Judith Basin, Lake, Liberty, Lincoln, Madison, McCone, Musselshell, Park, Petroleum, Philips, Powder River, Ravalli, Richland, Rosebud, Sanders, Stillwater, Sweetgrass, Wheatland, or Wibaux County**, you will fill out the following plan review and submit it to the local county sanitarian office. Please contact those offices directly for fee information.

Contact information for local offices can be found here:

<https://dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts>

- All other counties will fill out this form and return it to:  
DPHHS/FCSS  
PO Box 202951  
Helena, MT 59620-2951

If you are mailing your form to this address, do not include a check. Your fee will be collected at your pre-opening inspection.

If you have any questions, you can call Food and Consumer Services at 406-444-2089

**All questions on this form must be answered. Failure to answer any question could result in an incomplete application that cannot be processed.**

Public water (PWSID) numbers are found here: <http://sdwisdww.mt.gov:8080/DWW/>

Sewage Treatment numbers are found here: <http://deq.mt.gov/Water/Resources/mpdes/majorpermits>

Prior to filling out this application, you must read through the [state rules](#)

**You must enclose the following required documents with this plan review application for it to be considered complete:**

- ☐ Photo ID copy (for all artists)
- ☐ Consent and client record forms (**See ARM 37.112.142 and 37.112.144 for all of the required language, or the [Sample Consent Form](#) that can be modified for your establishment**)
- ☐ Floor plan, including work rooms, waiting areas, bathrooms, sinks, doors, stairs, autoclave area, etc. Can be hand drawn. Must be legible and accurate.
- ☐ Documentation of training (copies of General Sanitation, First Aid & Bloodborne Pathogen Prevention certificates for all artists & owners, do not send originals)
- ☐ Written aftercare instructions

**The following may also be required**

- ☐ Spore test results from certified lab (if autoclave used)
- ☐ Water test results from certified lab (if not connected to a public water supply system)
- ☐ Invoice for disposable equipment or jewelry if used



Montana Department of Public Health & Human Services  
Food & Consumer Safety Section (406) 444-2837

## Plan Review Application for Tattooing or Piercing Establishment

|                                               |                               |
|-----------------------------------------------|-------------------------------|
| <b>Business Type:</b> (circle all that apply) |                               |
| <b>Tattooing</b>                              | <b>Body Piercing</b>          |
| <b>Cosmetic Tattooing</b>                     | <b>Ear Lobe Only Piercing</b> |
| <b>Microblading Only</b>                      | <b>Other</b> (specify) _____  |

|                                                                |                                                                                                                  |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Establishment Description:</b> (circle one in each column)  |                                                                                                                  |
| <b>New Construction</b>                                        | <b>Fixed Location</b>                                                                                            |
| <b>Remodel</b>                                                 | <b>Mobile</b>                                                                                                    |
| <b>Existing Facility</b><br>Is this a change of ownership? Y N | <b>Temporary</b> (can't exceed 14 days at one location)<br>Temporary dates: _____<br>Temporary event name: _____ |

**Licensee (Operator) Name** \_\_\_\_\_ ☐ Tattooist ☐ Piercer

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Photo ID # \_\_\_\_\_

*Expiration Date or date passed for Training Certificates (required by both operators and artists)*

Bloodborne Pathogen Prevention \_\_\_\_\_ First Aid \_\_\_\_\_ General Sanitation \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from establishment) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_ Social Media \_\_\_\_\_

**Previously licensed?** ☐ No ☐ Yes

Former name \_\_\_\_\_

License # \_\_\_\_\_ Last calendar year licensed \_\_\_\_\_

**Water supply:** ☐ Public, PWSID # \_\_\_\_\_ ☐ Private (include copy of test results)

Sewage treatment: ☐ Public, DEQ# \_\_\_\_\_ ☐ Private, permit # \_\_\_\_\_

**Other Artists Working Within the Establishment** (full-time, part-time, temporary, or guest)

**Do not omit this page.** If no other artists will be working mark box below

If necessary, you can make extra copies of this page.

☐ **No other artists**

Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer

Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_

Bloodborne Pathogen Prevention \_\_\_\_\_ First Aid \_\_\_\_\_ General Sanitation \_\_\_\_\_

Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer

Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_

Bloodborne Pathogen Prevention \_\_\_\_\_ First Aid \_\_\_\_\_ General Sanitation \_\_\_\_\_

Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer

Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_

Bloodborne Pathogen Prevention \_\_\_\_\_ First Aid \_\_\_\_\_ General Sanitation \_\_\_\_\_

Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer

Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_

Bloodborne Pathogen Prevention \_\_\_\_\_ First Aid \_\_\_\_\_ General Sanitation \_\_\_\_\_

Name \_\_\_\_\_ ☐ Tattooist ☐ Piercer

Date of Birth \_\_\_\_\_ Photo ID # \_\_\_\_\_

Bloodborne Pathogen Prevention \_\_\_\_\_ First Aid \_\_\_\_\_ General Sanitation \_\_\_\_\_

**Business Manager or Other Contact Person**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-mail \_\_\_\_\_

Please check the appropriate boxes and fill in the blanks. Use "NA" to indicate if it is not applicable to your establishment. **All questions must be answered for your plan review to be considered complete.**

### **Minors**

Will body art be performed on minors? **Y N**

(If no body art will be performed on anyone under the age of 18, skip to the next section)

What is your minimum age for each type of body art performed? \_\_\_\_\_

How will parental or legal guardian consent be determined and documented? \_\_\_\_\_

\_\_\_\_\_  
*A parent or guardian must accompany their minor child throughout the entire procedure.*

### **Blood-borne Pathogen Exposure Control**

OSHA 29 CFR 1910.1030 requires employers with who have an employee(s) with reasonable occupational exposure to bloodborne pathogens to have a written exposure control plan.

**Do you have any employees?** (Do not include yourself, business partners not performing body art, independent workers such as artist renting booth space, or volunteers.) **Y N**

*If you have at least one employee, then OSHA standards must be met. A sample plan can be found here:*

[https://www.osha.gov/OshDoc/Directive\\_pdf/CPL\\_2-2\\_69\\_APPD.pdf](https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf)

### **Sterilization of Equipment and Jewelry**

Instruments that come in contact with a client during tattooing or piercing procedures will be: *(Select all that apply)*

☐ Individually wrapped and autoclaved

☐ Autoclave packaging has indicator strip

☐ Other indicator is used; specify \_\_\_\_\_

☐ Disposable and come from the supplier individually wrapped and sterile. **If you select this option, provide a sample invoice.**

*Sterility documentation and expiration dates must be retained with applicable disposable supplies, at all times.*

Jewelry used for piercing (if applicable) *(Select all that apply)*

☐ Individually wrapped and autoclaved

☐ Comes from the supplier individually wrapped and sterile. **If you select this option, provide a sample invoice.**

Autoclave manufacturer \_\_\_\_\_ Model number \_\_\_\_\_

Certified Laboratory (analyzes monthly spore tests) \_\_\_\_\_

### **Cleaning and Ultrasonic Use**

Non-disposable instruments will be cleaned with appropriate detergent and rinsed with potable water:  
(Select all that apply)

- ☐ In a designated sink with hot and cold running water that is large enough to submerge equipment
- ☐ Using an ultrasonic unit used in accordance with manufacturer's specifications

Type of soap/detergent used for cleaning non-disposable items: \_\_\_\_\_

### **Disinfection**

Work tables, counter tops and client contact surfaces will be cleaned and disinfected with: (select all that apply)

- ☐ EPA registered disinfectant wipes
- ☐ EPA registered disinfectant spray or liquid solution
  - ☐ Using reusable cloths
  - ☐ Using paper towels or disposable cloths

Name of disinfecting product \_\_\_\_\_

### **Gloves**

Disposable non-latex gloves designed for medical or clinical use must be used during procedures.

Gloves will be: (Select all that apply)

- ☐ Nitrile
- ☐ Vinyl
- ☐ Other: \_\_\_\_\_

### **Disposal of Infectious Waste and Solid Waste**

**Sharps** containers are:

- ☐ Mailed to a licensed sharps disposal company (mail-back instructions and box provided by company)
- ☐ Picked up by licensed infectious waste disposal company.
- ☐ Brought to a secure site where they are later picked up by a licensed infectious waste disposal company; Storage/Pick-up location \_\_\_\_\_

Name of licensed sharps/infectious waste disposal company \_\_\_\_\_

**Solid Waste** will be disposed of:

- ☐ By municipal solid waste service
- ☐ By private solid waste service; Name of company \_\_\_\_\_
- ☐ At a licensed waste disposal site; Name of facility or location \_\_\_\_\_

Waste (other than sharps) contaminated with blood or other bodily fluid must be placed in a garbage container inside the establishment, and the container must be labeled "BIOHAZARD" or have the universal biohazard symbol, lined with a strong leak proof plastic bag, tied to prevent leakage for handling, and placed in rigid leak proof containers for storage and transportation. This waste is considered contaminated but not "infectious". Examples

are gloves, tissues, or ink cups. Once closed securely and removed from the work room, it can be placed with other regular garbage for disposal.

### **Marking and Skin Preparation**

Tattoo design will be transferred or marked using:

*(Select all that apply)*

☐ Single-use transfer paper      ☐ Single-use marker

☐ Other sanitary method: \_\_\_\_\_

*Peel-off pencils are not considered single use and are not allowed*

**Antiseptic** must be applied to the skin *before and after* the procedure. Indicate the type and name of antiseptic and how it will be applied.

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**Tattoo Ink Manufacturer(s)** \_\_\_\_\_

*Inks must remain in manufacturer's container, with legible label, and discarded if contaminated or beyond expiration date.*

*If shaving is required for site preparation, ensure that single use disposable razors are used.*

### **Toilet Room**

Toilet room must be located within 200 ft (pedestrian route) of work room. Handwashing sink(s) must be located within the toilet room or within 10 ft of the door and be provided with individual towels, soap, and hot & cold water. Handwashing sinks for toilet room and work room CANNOT be the same.

*(Select all that apply)*

☐ Toilet room available to staff and customers within facility

☐ Property owner (multi-unit complex) provides a public toilet room

Indicate location and distance (e.g. 3<sup>rd</sup> floor, 30 ft from work room)

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☐ Handwashing sink(s) located in the toilet room

☐ Handwashing sink(s) located \_\_\_\_\_ ft from the toilet room

### **Work Room**

**Handwashing Sink(s)** intended for work rooms cannot be in the same room as the toilet. If located outside the work room, it must be within 10 ft of the door, which must be 2-way self-closing or operated in a way that prevents contamination of the hands. Handwashing sink must be provided with individual towels, soap, hot & cold water, and a trash can.

Handwashing Sink is located:

☐ In the work room

☐ Outside the work room within \_\_\_\_\_ ft of the door;      2-way self-closing door      Y      N

**Floors** must be constructed of smooth and impervious materials that are easily cleanable.

Floors are constructed of:

(Select all that apply)

- ☐ Tile      ☐ Vinyl ☐ Epoxy      ☐ Sealed concrete  
☐ Other: \_\_\_\_\_

Floors will be wet mopped daily using:

(Select all that apply)

- ☐ Wet mop      ☐ Flat mop      ☐ Steam mop      ☐ Spray Mop  
☐ Disposable mop pads      ☐ Reusable mop pads

**Work Room** is separated from the waiting room by a:

- ☐ Standard Door      ☐ Swinging Door      ☐ Chain/Rope  
☐ Other: \_\_\_\_\_

**Laundry** that may have been contaminated with blood or body fluids must be stored in a leakproof and closed container or bag prior to cleaning. Soiled laundry must not be stored in a manner that may contaminate clean work surfaces or equipment.

Specify how and where soiled mops, wiping cloths, and other laundry will be stored and laundered:

\_\_\_\_\_

### **Temporary or Mobile Establishment**

Describe in detail where water will be obtained, how it will be stored and dispensed, and how wastewater will be collected and disposed of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PLEASE READ, INITIAL, AND SIGN**

\_\_\_ Approval of these plans and specifications by the health authority does not indicate compliance with any other code, law or regulation that may be required, such as building code permits and inspections, fire and life safety inspections, and other business licenses. It further does not constitute endorsement or acceptance of the completed establishment. If you are sharing space at an establishment that has activities regulated by the Board of Barbers and Cosmetologists, contact them for restrictions.

\_\_\_ Records, including consent forms, client records and spore test results, must be kept for a minimum of 3 years and be available for review by the health department.

\_\_\_ The health department must be contacted before any major remodel or addition of services.

\_\_\_ Current training certificates and photo ID must be provided to the health department before any new artists or piercers begin operating. This includes guest artists.

\_\_Once you receive your license, it must be displayed in view of your clients. The license is not transferable and is specific to the person and the location. If either the location or owner changes, a new license is required.

\_\_The health department must be permitted to enter the establishment at any reasonable time for the purpose of making inspections and must be permitted to examine the records of the establishment.

\_\_ The health department shall conduct an inspection of the establishment at least once per year. Additional inspections of the establishment may be performed as often as necessary to enforce ARM requirements.

\_\_Whenever an inspection of an establishment is made, the health department will document its findings on an inspection form. A copy of the completed inspection report will be given to the person in charge of the establishment within ten days of the inspection. Correction of the violations must be accomplished within the period specified on the inspection form. Failure to comply with time limits for corrections of critical item violations may result in cessation of establishment operations.

**\_\_I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior permission from the health department may nullify any approval from the health department.**

**\_\_I have read and understand ARM 37.112.102 through 37.112.167.**

**Signature:\_\_\_\_\_Date:\_\_\_\_\_**