SG-86 Rev. 5/03

Bureau for Public Health

Health Department

# **BODY PIERCING STUDIO** PLAN REVIEW INFORMATION REPORT

NOTE : A floor plan showing the location of all equipment, including toilet rooms and fixtures provided therein; and specifications of all equipment including manufacturer and model number MUST accompany this report.

Name of Studio :				
Studio Address : Telephone :				
Studio Owner :				
Owner Address :				
Architect/Engineering Firm :				
Address :	Telephone :			
Date construction is proposed to start, end	Proposed opening date			
GENERAL         1. Number of workstations in studio :         2. Number of technicians on any given shift :         3. Yes No All doors self-closing?         4. Yes No All outer openings protected against entry         5. Yes No Openings in floors, walls, ceilings for pipes protected?         CLEANING ROOM         Make and model number of ultrasonic machine :         Make and model number of autoclave :	s, cables and conduits caulked or otherwise			
2. Yes <u>No</u> <u>Designed to provide distinct, separate are and storage of sterilized equipment?</u>	Separate sink provided, reserved for instrument clean up activities only? Designed to provide distinct, separate areas for cleaning equipment, and for handling and storage of sterilized equipment?			
and workstations?	Ultrasonic cleaning unit provided, properly labeled, and placed away from sterilizer and workstations?			
<ol> <li>Yes No Approved autoclave provided?</li> </ol>				
FLOORS, WALLS, & CEILINGS				

List type of materials used or covering:

Floors : \_\_\_\_\_ Walls : \_\_\_\_\_ Ceilings :

1. Yes \_\_\_\_\_ No \_\_\_\_\_ Made of smooth, nonabsorbent and nonporous material, easily cleanable?

- 2. Yes \_\_\_\_ No \_\_\_\_ Concrete block or other masonry surfaces covered or made smooth and sealed? 3. Yes \_\_\_\_\_ No \_\_\_\_\_ Light in color?
- 4. Yes \_\_\_\_ No \_\_\_\_ Floor/wall junctures sealed and coved in toilet rooms, workstations, and cleaning room?

# LIGHTING

- 1. Yes \_\_\_\_\_ No \_\_\_\_\_ Artificial light sources provide 20 foot-candles throughout the facility?
- 2. Yes \_\_\_\_\_ No \_\_\_\_\_ Artificial light sources provide 50 foot-candles in workstations?
  3. Yes \_\_\_\_\_ No \_\_\_\_\_ Will spot-lighting be utilized to achieve required illumination in workstations?
  4. Yes \_\_\_\_\_ No \_\_\_\_\_ Artificial light sources shielded or shatterproof in workstations?

#### **REFUSE STORAGE & DISPOSAL**

1. Yes	No	Foot-operated receptacles provided in each workstation, sufficient number?
2. Yes	No	Approved sharps container provided in each workstation?
3. Yes	No	Other approved infectious medical waste containers available?
4. Yes	No	Storage of refuse designed to eliminate insect and rodent infestation?
5. Yes	No	Disposal of infectious medical waste by an approved method?

### SEWAGE AND LIQUID WASTE DISPOSAL

- 1. Yes \_\_\_\_\_ No \_\_\_\_\_ Served by public sewage system?
- 2. Yes \_\_\_\_\_ No \_\_\_\_\_ Served by individual sewage system?
- 3. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is individual sewage system approved by health department? Date approved :
- 4. Yes \_\_\_\_ No \_\_\_\_ Exposed overhead sewage lines?

### **TOILET FACILITIES**

Number of toilets : \_\_\_\_\_

Number of lavatories :

- 1. Yes \_\_\_\_\_ No \_\_\_\_\_ Toilet rooms completely enclosed and doors self-closing?
- 2. Yes \_\_\_\_\_ No \_\_\_\_\_ Vented to outside air by mechanical exhaust?
- 3. Yes \_\_\_\_\_ No \_\_\_\_\_ Hand sink located inside restroom facility?
- 4. Yes \_\_\_\_\_ No \_\_\_\_\_ Located convenient and accessible to technicians and patrons?
- 5. Yes No Provided with hot and cold running water, soap, and single-use towels?

### VENTILATION

1. Type of ventilation provided :

2. Yes \_\_\_\_\_ No \_\_\_\_\_ Windows to be used for ventilation purposes? 3. Yes No If yes, windows appropriately screened?

# WATER SUPPLY

1. Yes	 No	Served by public water system?
2. Yes	 No	Served by individual water system?
3. Yes	 No	If yes, is individual water system approved by health department?
		Date approved :

# WORKSTATIONS

- 1. Yes \_\_\_\_\_ No \_\_\_\_\_ Separated by solid wall from all other activities?
- 2. Yes \_\_\_\_\_ No \_\_\_\_\_ More than one piercing station in one work room?
  3. Yes \_\_\_\_\_ No \_\_\_\_\_ Hand sink with hot and cold running water, operated by wrist or knee action provided in each area?
- 4. Number of hand sinks provided :
- 5. Yes \_\_\_\_\_ No \_\_\_\_\_ All surfaces made of smooth, non-absorbent, non-porous materials?
- 6. Yes \_\_\_\_\_ No \_\_\_\_\_ Cabinet or tightly covered container provided for storage of sterilized instruments only?
- 7. Yes No Storage of chemicals in an approved manner?

Plans and information submitted by :

(Signature)

Title : \_\_\_\_\_

Date : \_\_\_\_\_

Telephone : \_\_\_\_\_