



BODY ART

TEMPORARY EVENT ORGANIZER APPLICATION

ENVIRONMENTAL HEALTH DIVISION

5050 Commerce Drive, Baldwin Park, CA 91706-1423

www.publichealth.lacounty.gov/eh

BODY ART PROGRAM (626) 430-5570

Submit 30 days in advance of the event to bodyartprogram@ph.lacounty.gov



EVENT INFORMATION	DATES OF EVENTS:		TIMES OF EVENTS:		
	FROM:	TO:	FROM:	TO:	
	NAME OF EVENT:		NAME OF PERSON-IN-CHARGE:	ON-SITE PHONE #:	
	ADDRESS:		CITY:	STATE:	ZIP:

ORGANIZER INFORMATION	NAME OF ORGANIZER:				
	ADDRESS:		CITY:	STATE:	ZIP:
	PHONE #:		E-MAIL ADDRESS:		

SITE PLAN							
<p>Submit a site plan showing the general layout of the event indicating location of all the following:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1. Booths</td> <td><input type="checkbox"/> 4. Trash Disposal Containers (specify quantity)</td> </tr> <tr> <td><input type="checkbox"/> 2. Water Supply</td> <td><input type="checkbox"/> 5. Location of Decontamination/Sanitation areas (specify quantity)</td> </tr> <tr> <td><input type="checkbox"/> 3. Toilet and Hand Washing Facilities</td> <td><input type="checkbox"/> 6. Back-up supplies</td> </tr> </table>		<input type="checkbox"/> 1. Booths	<input type="checkbox"/> 4. Trash Disposal Containers (specify quantity)	<input type="checkbox"/> 2. Water Supply	<input type="checkbox"/> 5. Location of Decontamination/Sanitation areas (specify quantity)	<input type="checkbox"/> 3. Toilet and Hand Washing Facilities	<input type="checkbox"/> 6. Back-up supplies
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BODY ART BOOTHS	
<p>Total # booths performing body art: _____</p> <p>Body art booths must be at least 50 square feet, 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 for each body art booth. <i>Only one (1) practitioner per booth.</i></p> <p>Responsible Party: <input type="checkbox"/> Event Organizer <input type="checkbox"/> Body Art Operator</p> <p>Will all body art booths be using pre-sterilized, disposable equipment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – Complete the Decontamination/Sanitation Areas section of this application.</p>	

DECONTAMINATION/SANITATION AREAS	
<p>Type of sink: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable</p> <p>Portable Service Company Name: _____</p> <p>Portable Service Company Address: _____</p> <p>Ultrasonic (Model): _____</p> <p>Autoclave (Model): _____ Date of last spore test: _____</p> <p>Is the decontamination /sanitation area operated by the event organizer?</p> <p><input type="checkbox"/> Yes – Provide the following:</p> <ul style="list-style-type: none"> Copy of the procedures for decontamination area, a logbook with records of each load including date, contents, exposure time and temperature, integrator results, and spore test results onsite. Copy of bloodborne pathogen training certificate for all employees working in the decontamination area. <p><input type="checkbox"/> No</p>	

BODY ART BOOTH HANDWASHING STATION

Total # of handwashing stations: _____

Provide commercial grade, self-contained portable hand wash sinks with liquid soap dispensers and single-use paper towels throughout the event. Up to two (2) adjacent booths may share a centrally located hand washing station.

Hand washing stations provided by: Event Organizer Body Art Operator

Service Company Name: _____

Service Company Address: _____

PUBLIC TOILET FACILITIES

Total # of toilets: _____

For multi-day events, how often will toilet facilities be cleaned? _____ times a day.

Total # of handwashing sink: _____ Warm water available: Yes No

BODY ART BOOTH HANDWASHING STATION

Total # of sharp containers per booth: _____

Total # of trash containers: _____ How often are trash containers emptied? _____ times a day.

Provide a copy of the agreement with the company responsible for removal of all sharps waste containers.

Sharps waste disposal company name: _____

Sharps waste disposal company address: _____

EVENT ORGANIZER ACKNOWLEDGEMENT

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 all body art practitioners who will be participating in the event must be registered beforehand, including bloodborne pathogen training and Hepatitis B vaccination status.

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information 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 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 understand that once the application is reviewed the application fee is **non-refundable**.

Application completed by:

NAME: _____ PHONE #: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE

DATE RECEIVED:	AMOUNT PAID:	RECEIPT #:	APPROVED BY:
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