



Tattoo and Body Piercing Policies and Procedures

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I. General Information About This Program

All tattoo/body piercing licensing, inspections, etc., are currently handled out of the Central Office 6121 N Hanley Rd, Berkeley, MO 63134. All files and records should be kept in this facility. (All areas mentioned in this procedure are out of this office).

II. Issuing a Tattoo/Body Piercing Permit (to a facility)

II.I Renewal

- A. The owner of the facility must fill out the renewal form.
- B. The owner must then turn in the completed application as well as the payment due to the administrative assistant who will then fill out a new permit and send it to the facility.
- C. The renewal application (that has been marked paid after payment) should be filed under the establishment in the tattoo/body piercing file drawer.

II.II New Facility

- A. The owner of the new/prospective facility needs to fill out an application form.
- B. Have the person in charge submit a completed application form along with payment.
- C. Perform an opening inspection at the facility, checking all items as if it were a routine inspection (see VI.I and VI.II) and make sure that the facility is fully operable.
- D. On the inspection sheet mark whether the facility is allowed to operate or not.
 - a. If allowed to operate:
 - 1. Turn in the opening inspection to the administrative assistant to process the permit.
 - 2. Enter the facility information into the DHD.
 - b. If not allowed to operate:
 - 1. Fill out the inspection sheet, noting the reasons why. The facility owner shall then contact you for a new opening inspection after the corrections have been made.



III. Issuing Tattoo/Body Piercing Operator's Card (to an artist)

III.I The operator's steps to obtaining an operator's card:

- A. Have the operator complete the operator application (Attachment A). A completed application should include:
 - a. A copy of the operator's driver's license (or another appropriate form of identification)
 - b. Two passport pictures
 - c. Up to date vaccinations records for hepatitis A and B

III.II Department of Public Health Steps to Issuing an Operator's Card

- A. Make sure that the operator has submitted a completed operator application (See section III.I).
- B. Fill out the operator card outline form (Attachment B) with the appropriate information from the operator's application and turn it in to the administrative assistant.
- C. The administrative assistant will then return the blue operator cards, which will then have the two passport photos attached with double-sided tape.
- D. The operator's permit should then be separated and laminated.
 - a. Where to laminate:
 - 1. The Clayton office has a laminator to use:
 - The tattoo program must supply the laminator paper (located in the tattoo and body piercing file cabinet).
 - b. Any facility which performs lamination:
 - Must be paid for out-of-pocket and reimbursed through petty cash.
- E. Mail the applicant's operator card to their home address.
- F. Enter the applicant into the vaccination spreadsheet as mentioned in IV.III B.
- G. Enter the operator into the DHD under the appropriate facility.

IV. Record Keeping

IV.I Operators' Files

- A. All operators' files must contain the following information:
 - a. The application that the operator filled out to obtain their license (see Attachment A)
 - b. All hepatitis records submitted by the applicant
 - c. The Department of Public Health's copy of the operator's card
- B. All operators' files will be filed in the Saint Louis County Department of Public Health's Tattoo and Body Piercing binders.
 - a. All applications should either be filed alphabetically under the corresponding letter section of their last name, or alphabetically under the pending section if the file is not yet complete and is awaiting information for the operator's card to be issued.
 - b. The Saint Louis County Department of Public Health's Tattoo and Body Piercing binders shall be kept secure at all times. They are to be kept in the Environmental Supervisor's office, which is to be locked whenever said person is gone.

IV.II Operators' Cards

- A. All of the Department of Public Health's copies of the issued tattoo/body piercing operators cards shall be kept in the operator's file as mentioned above in Section IV.I.



IV.III Vaccination Records

- A. All copies of vaccination records submitted by the operator shall be kept in the operator's file as mentioned above in Section IV.I.
- B. A spreadsheet of all operators' vaccinations shall also be kept on the Saint Louis County Department of Public Health's J:/ Drive. This spreadsheet shall contain the following information:
 - a. Operator's name
 - b. Operator's current/last known place of employment
 - c. Dates of the operator's 1st and 2nd Hepatitis A shots
 - d. The years in which the operator has been issued a renewal sticker for their operator's card
 - e. Any additional comments about the operator that may be helpful to know for the inspection
- C. This spreadsheet will be kept up to date at all times. When an operator submits any new vaccination records the data must be entered into the spreadsheet by the end of the business day in which it was received.
- D. All operators who are overdue for a vaccination shall not be issued a renewal sticker. The overdue vaccination shall be highlighted in yellow on the spreadsheet and the operator shall be contacted in order to let them know of the violation.
- E. All operators who are no longer operating in the Saint Louis County area shall be highlighted in gray. They shall be removed once their operator card expires.

V. Inspection Schedule

- V.I All tattoo/body piercing facilities must be inspected at least once every six months.
- V.II A follow-up inspection must be performed within 10 days of the routine inspection when a critical violation is cited.
- V.III All non-critical violations will be inspected at the next routine inspection.
- V.IV All complaints shall be inspected within five days of receipt.

VI. Procedures for Routine Inspections

- VI.I General
 - A. All inspections will be conducted using the Saint Louis County Department of Public Health Tattoo/Body Piercing Inspection Report (Attachment C).
- VI.II Before you begin the Inspection:
 - A. Print out the updated vaccination records report from the J:/ Drive (see Section (IV.III)). Check to see if any operators at the facility you will be inspecting are overdue for their vaccinations.
 - B. Be sure to bring a sufficient number of renewal stickers along on the inspection with you.
 - C. Bring spore strips to test the autoclave.
 - D. Bring a copy of the Saint Louis County's Tattoo and Body Piercing Establishment Code for reference.
 - E. Upon entering the facility for a routine inspection, you shall:
 - a. Introduce yourself to the person in charge and make them aware of the reason for your visit.
 - b. Ask if this individual would like to accompany you on the inspection (or anyone in the facility).



VI.III Inspection Procedure

- A. Ask the operator to run a spore strip through their normal autoclave cycle.
 - a. These cycles usually run anywhere from 30-40 minutes, running the spore strip at this time will eliminate any down time.
- B. Inspect all items on the inspection report form.
 - a. If there is a violation circle the item number and mark the box with either:
 - 1. An “X” for an initial violation
 - 2. An “O” for a consecutive violation
 - 3. Document the violation at the bottom of the inspection report form in the comment section by writing the item number and what the violation is
 - b. If there is not a violation leave the box blank.
- C. Check to see if the facility’s permit is posted and that it is not expired.
 - a. If it is, mark that the permit was posted at the top of the inspection report form and enter the permit number and expiration date.
 - b. If not, mark that the permit was not posted on the inspection report form and give the facility an application for permit renewal.
 - c. If it is the last routine inspection scheduled for the establishment in the year, give them an application for permit renewal.
- D. Check all operators’ cards for expiration dates and updated stickers.
 - a. If a card is not expired and the individual is up to date on their hepatitis shots, then place a new renewal sticker on the card if one is missing for the year.
- E. Discuss all findings and written comments with the manager. Explain that critical violations must be corrected within 10 days, and non-critical violations by the next routine inspection. Write the follow-up date on the inspection sheet.
- F. Both the manager and the inspector shall sign the inspection sheet.
- G. Distribute the copies in the following manner:
 - a. White Office
 - b. Yellow Operator
 - c. Pink Daily Work Report
- H. Upon return to the office give the inspection report to the supervisor who will then enter the report into the DHD (unless access has been granted for you to submit on the DHD).

VII. Procedures for Complaints

- A. All complaints must be investigated within 5 days of receipt.
- B. All complaints should be documented on the Saint Louis County Department of Public Health Tattoo/Body Piercing Inspection Report (Attachment C).
- C. Write the complaint on the inspection report form verbatim from the complaint received.
- D. When entering the facility ask to see the manager/person in charge.
- E. Address the manager about the complaint and inspect any areas of the facility that would be relevant to the complaint.
- F. Determine if the complaint is valid or not, and if valid what corrective actions need to be taken.
- G. Document the results of the complaint onto the inspection sheet in a clear and concise manner.
- H. Both the manager and inspector shall sign the inspection sheet.
- I. When you return to the office give the inspection report to your supervisor who will then enter the report into the DHD (unless access has been granted for you to submit on the DHD).



Attachment A: Tattoo and Body Piercing Application For Operators Card

I. Applicant Information:

Applicant's Name: _____

Residential Address: _____ Apt. _____

City: _____ State: **MO** Zip: _____ County: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: **MO** Zip: _____ County: _____

Physical Description:

Ht. _____ Wt. _____ Eye Color: _____ Hair Color: _____

Identification No. _____ Date of Birth: _____ Gender: F M

Identification Type (include a copy): MO driver's license MO identification card
 Other _____

II: Hepatitis A and B Vaccination Status

Prior to receiving an operator's card, the body art technician **shall furnish a written statement from a licensed physician** that the technician is free of communicable disease and has been vaccinated to the extent possible against all types of hepatitis. All body art technicians shall have valid documentation available at each location where body art procedures are performed and shall make said documentation available upon request. The Saint Louis County Department of Public Health strongly recommends completion of the full vaccination series for all persons involved in body art activity, with the exception of those persons for which the procedure is medically inadvisable. **Attach a valid copy of one of the following documents:**

Hepatitis

A B

Certification of Completed Vaccination

Medical provider certificate/documentation required

Laboratory Evidence of Immunity

Medical provider certificate/documentation required

Contraindicated for Medical Reasons

Medical provider certificate/documentation required. Documentation must include a dated and signed physician's statement indicating existence of contraindication.

A copy of documentation must be attached to the application. Documentation must be available for review at all locations in saint louis county where tattoo/ body piercing procedures are conducted.

III. Procedures to be Performed (Check all that apply):

Tattooing Body Piercing



IV. Location Where Procedures to be Performed:

Business Name #1: _____

Location Address: _____ Apt. _____

City: _____ State: **MO** Zip: _____ County: _____

Phone: _____ Fax: _____

Business Name #2: _____

Location Address: _____ Apt. _____

City: _____ State: **MO** Zip: _____ County: _____

Phone: _____ Fax: _____

Business Name #3: _____

Location Address: _____ Apt. _____

City: _____ State: **MO** Zip: _____ County: _____

Phone: _____ Fax: _____

V. Current Registration(S) with Other Cities or Counties:

City/County: _____ Lic/Reg Type & No. _____ Exp. _____

City/County: _____ Lic/Reg Type & No. _____ Exp. _____

City/County: _____ Lic/Reg Type & No. _____ Exp. _____

VI. Standards for Tattooing and Body Piercing:

When practitioners or clients are exposed to the blood of others, there is a potential risk of infection with at least three significant human pathogens: Hepatitis B virus, Hepatitis C virus, and the Human Immunodeficiency Virus (HIV). **To minimize the possible risk of transmission of blood borne diseases from a client to other clients or to yourself, the following standards are to be observed:**

For protection of the client, practitioners shall (check all after reading):

- Thoroughly clean and disinfect work surfaces and equipment after each procedure is complete.
- Properly dispose of any disposable needles.
- Wear clean clothing.
- Wash and disinfect hands and forearms between clients. Hands and forearms are not considered clean unless they have been thoroughly washed with soap and water for at least 10 seconds followed by a thorough rinsing under a stream of potable (drinkable) water.
- Practitioners shall be free of diseases that can be transmitted via performance, e.g. pustular skin lesions.
- Practitioners shall not eat, drink, or smoke in work areas or while performing procedures.
- Skin surfaces shall be cleaned prior to tattooing or piercing. Procedures shall not be performed on skin surfaces exhibiting any sunburn, rash, pimples, boils, moles, or infections or otherwise manifesting any evidence of unhealthy conditions.
- Proper records are to be maintained on each customer including: date; client’s name; date of birth; gender; current residential address; type, description and location of procedure; date of procedure; and the name of the practitioner.



For their own protection, practitioners should (check all after reading):

- Wear protective gloves while doing any procedure that may cause bleeding and discard them after each client.
- Wear a face shield if there is any danger of splashes of blood or other bodily fluids.
- Discard used items immediately after use into a waterproof container or biohazard plastic bag.

In addition, practitioners shall not (check all after reading):

- Apply any tattoo to a person under eighteen (18) without the notarized, written consent of a parent or guardian. **Notarized written consent of that person's parent or legal guardian must be on a department form.**
- Perform body piercing on a person under the age of eighteen (18) without the notarized, written consent of a parent or guardian. **Notarized written consent of that person's parent or legal guardian must be on a department form.**
- Perform tattooing or body piercing on any person who is impaired by drugs or alcohol.
- Perform tattooing without first advising the client that these are to be considered permanent and can only be removed by a surgical procedure which may result in scarring.

The undersigned hereby applies for a Registration/Permit of Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fee and late penalties, if any, to secure a valid permit are required before commencing or continuing operations. Failure to do so may result in enforcement action, permit suspension/revocation proceedings, and/or closure. Notify the Department of Public Health of any change in the type of business activity, name, billing address, or ownership by calling the number listed below.



Registration/permit and fees not transferable. Include 2 passport size photos with this application.

Signature: _____ Date: _____

Print Name: _____ Title: _____



Attachment B: Tattoo and Body Piercing Operator's Permit

 <p>SAINT LOUIS COUNTY Public Health</p>		 <p>SAINT LOUIS COUNTY Public Health</p>	
<p>No: 810153</p> <p style="text-align: center;">Operator's Permit</p> <p><input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing</p>		<p>No: 810153</p> <p style="text-align: center;">Operator's Card</p> <p>Date:</p>	
<p>Name:</p>		<p>Name:</p>	
<p>Date of Issue:</p>		<p>Address:</p>	
<p>Permit valid until suspended or revoked.</p>		<p>Phone:</p>	
<p>Not transferable.</p>		<p>Date of Birth:</p>	
<p>Operator's card must be revalidated annually.</p>		<p>Facility:</p>	
<p>Current Validation:</p>		<p>Card Issued:</p>	
		<p>Issued By:</p>	



Tattoo/Body Piercing Establishment Inspection Report

Establishment/Owner: _____

Address: _____

Permit Posted? Yes No

Proof of Hepatitis A immunization? Yes No

Permit Expiration Date: _____ Permit#: _____

Proof of Hepatitis B immunization? Yes No

Proof of Hepatitis C titer (negative)? Yes No

Based on an inspection this day, the items marked below identify violations in the operation or facilities, which must be corrected. Non-critical violations must be corrected by the next regular inspection. Critical violations must be corrected within 10 days. Failure to correct violations may result in fines or suspension of your operator's license.

Item	Item	Item
*1. Autoclave meets time, temperature, pressure	11. Garbage and refuse disposal containers clean, adequate number, covered	21. Operator's hygiene: no smoking/eating in work area, good hygienic practices
*2. Proper sterilization procedure, equipment sterilized	*12. Needles and other sharp instruments properly disposed	*22. Proper hand washing
*3. No reuse of single use articles/supplies	13. Facility sanitation work area furnishings sanitized between clients	23. Clean clothing, smock used, gloves, spill kit
*4. Sterile instruments properly used, handled	14. Work area furnishings clean and in good repair	24. Approved dyes or pigments
*5. Reusable instruments properly handled	15. Floors/walls/ceilings/attached equipment constructed, clean, good repair	25. Administration: licensed operators with valid cards
6. Work area separated, tattooing/body piercing only in work areas	16. Lighting minimum of 50 foot-candles illumination	26. Written instructions/cautions provided to customers
7. Toilet/handwash facilities installed, designed, number, convenient, accessible, maintained	17. Ventilation sufficient, installed, maintained	27. Autoclave log
*8. Sinks have soap and disposable towels	18. Premises maintained free of litter, unnecessary articles, unauthorized personnel, clean, equipment properly stored	28. Tattoo log available
*9. Hot and cold water at all sinks	19. Equipment and utensils properly installed, maintained, constructed, designed	29. Current permit/license posted
10. Plumbing installed, maintained	20. Autoclave in good repair, autoclave indicator	

X = Initial Violation
O = Consecutive Violation

***Critical items require immediate action. Follow-up needed? Yes = 1 No = 2**

Comments (use additional sheet if necessary):

Received (Name/Title): _____ Inspector: _____ Phone: _____