

Kent County Health Department Temporary Body Art Facility (TBAF) Inspection Application

700 Fuller Ave NE, Grand Rapids, Michigan telephone: 616-632-6900 - kcehmail@kentcountymi.gov

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: _____	
City		State		Operation Ends Date: _____ Time: _____	
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. Is TBAF affiliated with a Michigan licensed BAF?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide licensed BAF Name, Address, & License #:		2. Service(s) provided: <input type="checkbox"/> Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Branding		4. Legal name of technicians/artists with aliases:	
		3. Number of technicians/artists working the event and during what time periods:			
5. Identify the source of the potable water supply serving your TBAF.					
6. Describe how hand wash sinks are monitored to ensure proper supplies are available at all times.					
7. Describe how and where wastewater from instruments and hand washing will be collected, stored, and disposed.					
8. Equipment: <input type="checkbox"/> Single Use <input type="checkbox"/> Reusable Describe sterilization process and procedure:					
9. How will medical waste be removed from the facility and disposed of properly? Provide EGLE medical waste registration number.					
10. Number of Sanitary Facilities: _____ Hand Washing Stations _____ Toilets-Flush _____ Toilets-Portable					
D. Records & Public Notice - Submit a copy of the following documentation with application:					
-Hepatitis B vaccination status or documentation of declination for each employee			-Notice for filing complaints		
-Photo ID for each technician/artist			-Copy of current medical waste generator certificate		
-Copy of written educational material provided to client			-If using an autoclave, current spore test is required		
-Aftercare instructions for each procedure			-Diagram of proposed layout		
-Disclosure statement					
Applicant's Signature:				Date of Submission:	
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		Booth Number Assigned:	
		Local Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No			