



Cheyenne/Laramie County Health Department  
Division of Environmental Health  
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Cheyenne, Wyoming 82007  
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[www.laramiecountyhealth.com](http://www.laramiecountyhealth.com)

## **BODY ART ESTABLISHMENT PLAN REVIEW WORK SHEET**

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

ESTABLISHMENT PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE NUMBER: \_\_\_\_\_

**NOTE:** This plan review will be good for 12 months past the date of submission. After the expiration date, a new plan review and the appropriate fee will need to be resubmitted.

### **Submit the following along with this questionnaire:**

- 1. One complete set of floor plans showing layout of Body Art Establishment.**
- 2. Blood Borne Exposure Control Plan.**
- 3. Include a copy of the autoclave spore test.**
- 4. Plan review fee enclosed. New \$120.00 Remodel \$60.00**

1. Will this establishment be: \_\_\_\_\_Permanent or \_\_\_\_\_Mobile

2. Will work be performed on any patron under the age of 18 years? If yes, what will be your procedure for verifying legal guardian/parent? \_\_\_Yes \_\_\_No \_\_\_\_\_

### **TRASH AREA**

1. Will each artist area be provided with a covered trash can? \_\_\_Yes \_\_\_No

2. How will biological/contaminated waste be disposed of? \_\_\_\_\_



## PLUMBING

TYPE	NUMBER OF FIXTURES	LOCATION
PROCEDURE ROOM HAND SINKS		
BATHROOM HAND SINK(S)		
MOP SINK		
EQUIPMENT CLEANING SINK		

**PLEASE SUBMITT ALL COMPLETED INFORMATION TO THE ABOVE ADDRESS**