

Cheyenne/Laramie County Health Department
Division of Environmental Health
100 Central Ave
Cheyenne, Wyoming 82007
307-633-4090 Fax 307-633-4038
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,
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:
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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

LIGHTING

1. Will adequate lighting be provided in each of the procedure rooms?YesNo
WATER AND SEWER SUPPLY
 Will water supply be fromCITYCOMMUNITY WATER orPRIVATE WELL Will Sewage be disposed of by:CITY orSEPTIC SYSTEM How many hot water heaters will be provided?a) What will be the size of the water heaters?gallons How many restrooms will be provided?a) Will Restrooms have self-closing doors?YesNo Do restrooms have vent fans venting to the out side?YesNo Does the toilet have a split seat?YesNo
PROCEDURE ROOMS
1. What is the size of each procedure room?
STERILIZATION
1. What is the make and model of the Autoclave?
<u>RECORDS</u>
1. Where will client records be kept?

FACILITIES (Finish schedule- Applicant must fill in materials i.e. quarry tile, stainless steel, FRP board etc.)

ROOM NAME	FLOORS		WALLS		CEI	CEILINGS	
	material	Finish	Cove	Material	Finish	Material	Finish
WAITING AREA							
PROCEDURE ROOMS							
STORAGE AREA							
CLEANING ROOM							
RESTROOMS							
GARBAGE & REFUSE AREA							

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

Last Updated: February 17, 2012