

EAST BROOKFIELD BOARD OF HEALTH

TOWN HALL

122 CONNIE MACK DRIVE

EAST BROOKFIELD, MA 01515

Phone: (508) 867-6769 extension 307

Email: ebboh0343@eastbrookfieldma.us

FORMS AND ADDENDA

- 1) INSTRUCTIONS FOR APPLICATIONS FOR A BODY ART ESTABLISHMENT AND/OR BODY ART PRACTITIONER PERMIT TO PRACTICE BODY ART IN THE TOWN OF EAST BROOKFIELD**
- 2) APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT IN THE TOWN OF EAST BROOKFIELD**
- 3) APPLICATION FOR A PERMIT TO PRACTICE BODY ART IN THE TOWN OF EAST BROOKFIELD**
- 4) BODY ART ESTABLISHMENT INSPECTION FORM**
- 5) GUIDANCE ON A BODY ART CLIENT'S CONSENT FORM**

EAST BROOKFIELD BOARD OF HEALTH

TOWN HALL

122 CONNIE MACK DRIVE

EAST BROOKFIELD, MA 01515

Phone: (508) 867-6769 extension 307

Email: ebboh0343@eastbrookfieldma.us

Instructions for Applications for a BODY ART ESTABLISHMENT and/or BODY ART PRACTITIONER Permit to Practice Body Art In the Town of East Brookfield

- 1) Complete the Appropriate Application(s). Each Body Art establishment and each Body Art practitioner within each establishment needs a separate permit
- 2) BODY ART ESTABLISHMENTS Complete the Tax Compliance Certificate and Worker's Compensation Affidavit
- 3) Provide Copies of:
 - a) Current First Aid/CPR certification (within 2 years)
 - b) Proof of completion of course in Anatomy & Physiology
 - c) Current Blood Borne Pathogens certification
 - d) Proof of one year apprenticeship
 - e) Copy of driver's license or State Identification Card
 - f) Current Liability Insurance
- 4) Bring or mail the application package with the appropriate application fee(s) to the East Brookfield Board of Health.

Please Note!

The Fee schedule for applications is updated periodically by the East Brookfield Board of Health. Please go to the Town website to see the currently established fees for both Body Art establishments and Body Art Practitioners (either piercing or tattooing).

EAST BROOKFIELD BOARD OF HEALTH

TOWN HALL

122 CONNIE MACK DRIVE

EAST BROOKFIELD, MA 01515

Phone: (508) 867-6769 extension 307

Email: ebboh0343@eastbrookfieldma.us

APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT IN THE TOWN OF EAST BROOKFIELD

Owner/Applicant's Name: _____

Owner/Applicant's Address: _____

Name of Establishment: _____

Address of Establishment: _____

Business Phone: _____

Cell/Emergency Phone: _____

Email address: _____

Website address: _____

Type of Body Art performed: _____ Tattooing____Piercing____Tattooing and
Piercing

Number of Practitioners: ____

**Note: Each practitioner must submit, in full, an application to Practice
Body Art in the Town of East Brookfield.**

Required Autoclave Information:

Manufacturer: _____

Model Number: _____

Serial Number: _____

I am in compliance with all Town Property Tax requirements: Yes ☐ No ☐

Attach to this application the following:

- 1) Provide Copies of:
 - a) Worker's Compensation Affidavit
 - b) Owner's Current First Aid/CPR certification (within 2 years)
 - c) Proof of completion of course in Anatomy & Physiology
 - d) Current Blood Borne Pathogens certification
 - e) Proof of one year apprenticeship
 - f) Copy of driver's license or State Identification Card
 - g) Current Liability Insurance

2) Calendar Year Fee for the Body Art Establishment Permit of : \$ 235.00

Bring or mail the application package with the appropriate application fee(s) to the East Brookfield Board of Health. Please note that the Fee schedule for all applications is updated periodically by the East Brookfield Board of Health. Please go to the Town of East Brookfield website to see the currently established fees for both Body Art establishments and Body Art Practitioners (either piercing or tattooing).

The undersigned understands that :

- Any approved registration/permit expires on December 31 of this calendar year.
- I understand that any notice required to be given by the East Brookfield Board of Health to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the East Brookfield Board of Health.
- I have received a copy of the East Brookfield Board of Health's regulations and recommended infection control procedures regarding body piercing.
- I agree to abide by these regulations and procedures.
- I agree to work only out of facilities that are in compliance with East Brookfield Board of Health requirements.
- I agree to post the following valid and updated documents conspicuously in my place of business at all times:
 - Certificate of Registration (Permit) for the body art facility
 - Certificate(s) of Registration (Permit) for all body art workers working in the facility

I state, under the pains and penalties of perjury, that all information stated on this application is, to the best of my knowledge, correct, accurate, and current.

Applicant's Signature

Date

Corporate Officer (if applicable)

Social Security or FID

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: _____

Title: _____

Date of Approval: _____

PERMIT #: _____

Permit Expiration Date: _____

**EAST BROOKFIELD BOARD OF HEALTH
TOWN HALL**

**122 CONNIE MACK DRIVE
EAST BROOKFIELD, MA 01515
Phone: (508) 867-6769 extension 307
Email: ebboh0343@eastbrookfieldma.us**

**APPLICATION FOR A PERMIT TO PRACTICE BODY ART IN THE TOWN
OF EAST BROOKFIELD**

**(note that one fee covers both artist applications as long as
documentation is provided for both)**

Applicant Name: _____

Applicant Date of Birth: __/__/____ Telephone No. (____) _____

Applicant Email Address: _____

Applicant Residential Address: _____

Name of Establishment Utilized for
all Body Art Procedures: _____

Type of Body Art to be Performed: __tattooing__ __piercing__ __tattooing & piercing__

CPR Certification Date: __/__/____ Expiration Date: __/__/____

First Aid Certification Date: ____/____/____ Expiration Date: ____/____/____

Date of Attendance at Blood Borne Pathogens Training Program: ____/____/____

Course Title: _____

Applicant seeking a tattooing permit

List all completed courses on skin diseases, disorders, and conditions (including diabetes) or equivalent combination of training and experience. All equivalent combinations of training and experience related to the practice of Body Art Procedures must be deemed acceptable by the East Brookfield Board of Health:

Applicants seeking a piercing permit

List all completed courses on anatomy or equivalent combination of training & experience. All equivalent combinations of training and experience related to the practice of Body Art Procedures must be deemed acceptable by the East Brookfield Board of Health:

Attach to this application the following:

1. A copy of the individual's physician's statement that he/she has received the series of Hepatitis B vaccinations and tetanus doses or booster shot. A copy shall be on file with the local, Board of Health and on record at the facility for review by the Health Department.
2. Current First Aid/CPR certification (within 2 years)
3. Proof of completion of course in Anatomy & Physiology
4. Current Blood Borne Pathogens certification
5. Proof of one year apprenticeship
6. Copy of driver's license or State Identification Card
7. Calendar Year Fee for the Body Art Practitioner Permit of : \$ 155.00

Bring or mail the application package with the appropriate application fee(s) to the East Brookfield Board of Health. Please note that the Fee schedule for all applications is updated periodically by the East Brookfield Board of Health. Please go to the Town of East Brookfield website to see the currently established fees for both Body Art Practitioners (either piercing or tattooing).

The undersigned understands that :

- Any approved registration/permit expires on December 31 of this calendar year.
- I understand that any notice required to be given by the East Brookfield Board of Health to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the East Brookfield Board of Health.
- I have received a copy of the East Brookfield Board of Health's regulations and recommended infection control procedures regarding body piercing.
- I agree to abide by these regulations and procedures.
- I agree to work only out of facilities that are in compliance with East Brookfield Board of Health requirements.
- I agree to post the following valid and updated documents conspicuously in my place of business at all times:
 - My Certificate(s) of Registration (Permit) for all body art workers working in the facility

I state under the pains and penalties of perjury that all information stated on this application is, to the best of my knowledge, correct, accurate and current.

Applicant Signature

Date

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved for tattooing? _____ Approved for body piercing? _____

Approved By: _____

Title: _____

Date of Approval: _____

PERMIT #: _____

Town of East Brookfield

EAST BROOKFIELD BOARD OF HEALTH

Body Art Establishment Inspection Form

Establishment	Type of Establishment		Type of Inspection	
Address	Tattoo		Routine	
Telephone	Piercing		Complaint	
Owner	Both		Investigation	
Person in Charge	Mobile		Other	
Inspector	Date:		No. of Workstations	
	Time		No. of Artists	

EQUIPMENT SANITATION and STERILIZATION PROCEDURES

	Score
1. Autoclave maintained on premises and tested regular	5
2. Single-use sharps disposed in accordance with CMR 480.000	4
3. Instruments sterilized in packs and dated	4
4. All non-disposable equipment cleaned, sanitized and sterilized	4
5. Stencils, applicators, gauze, razors all single use and disposed	4
6. Single-use, disposable gloves and coverings used	4
7. All materials specifically manufactured for Body Art procedures	4
8. Sonicator on premises and maintained safely	3
9. Dyes, inks, pigments safely dispensed and diluted	3
10. Cloth items washed and stored properly	1

PHYSICAL FACILITY

11. Rodent, insect, other vermin controls practiced	4
12. Hand washing sinks working and maintained	3
12. Toilet rooms working and sanitary	2
14. Walls, floors, ceilings easily cleaned and of safe design	2
15. All furniture and workstations easily cleaned and in good repair	2
16. Workstations at approved dimensions	2
17. Partitions adequate for workstations	2
18. Adequate, safe ventilation and lighting	2
19. Cleaning elements adequate for facility sanitation	1
20. Foot operated waste receptacles in workstation	1
21. Adequate containment for all garbage/refuse	1
22. Sanitation chemicals safely stored and at approved concentrations	1
23. Waiting area separated from work areas	1
24. Smoking, eating and drinking restricted	1
25. Pets restricted on premises	1

STANDARDS of PRACTICE

26. Procedure done in accordance with CDC universal precautions	4
27. Practitioner hygiene maintained, skin free of rash or infection	4
28. All practitioners certified in First Aid/CPR	2
29. All practitioners certified in Bloodborne Pathogen control	2
30. After care instructions provided to client	2
31. Client's skin inspected and cleaned prior to procedure	2
32. Procedures prohibited for persons under 18 years of age	1
33. Refusal policies enforced for clients under the influence	1

RECORD KEEPING and POSTING REQUIREMENTS

34. Practitioners' Hepatitis B options on file	3
35. Monthly spore destruction tests on autoclave retained and accessible	3
36. All practitioners' information complete and current	2
37. Client information complete, accurate, and maintained	2
38. Inventory records maintained and accurate	1
39. Client health history and informed consent form on file	1
40. Disclosure statement, Board of Health instructions posted	2
41. Autoclave manufacturer's instructions available	1
42. Emergency plans, procedures, and telephone numbers posted	1
43. All required permits, licenses and certificates posted	1

TOTAL DEDUCTIONS

SCORE

Based on an inspection conducted on this date, the items checked indicate violations of the Town of East Brookfield, MA Regulations for Body Art Establishments and Body Art Practitioners. Explanations for violations cited are included in the narrative pages of this report. Failure to correct violations may result in suspension or revocation of permits to operate.

All scores under a value of 80 result in immediate closure of a Body Art Establishment. If aggrieved by this directive and report a written request for a hearing may be submitted within ten (10) days of this order.

Time Allotments to correct violations cited:

Failure to make corrections within the time limits specified will result in an automatic 25-point deduction and closure of the establishment, as well as possibly incurring noncompliance fines.

Inspector's Signature

Owner/Person in Charge

Town of East Brookfield

EAST BROOKFIELD BOARD OF HEALTH

GUIDANCE ON BODY ART CLIENT'S CONSENT FORM

A client consent form for receiving body art **MUST** contain at least the following information and must be kept on file by the Body Art for a minimum of three years.

- Clients Name:
- Record of Clients Form of Identification NOTE: for your own protection, make a photocopy of both sides of the identification card). Photo ID only. IF YOU HAVE ANY DOUBTS ABOUT THE AUTHENTICITY OF THE IDENTIFICATION, DONOT CONDUCT A BODY ART PROCEDURE ON THE CLIENT!
- Signed statements from the client which include the following:
 - I certify that I am at least 18 years of age and have provided legitimate identification to validate this.
 - I am not currently under the influence of alcohol or drugs that might impair my judgment.I have:
 - ☐ reviewed ordinance section on sanitary procedures for body art
 - ☐ been informed of the risks of receiving body art, including the possibility of allergicreaction to jewelry and materials
 - ☐been given a care/instruction sheet on how to take care of my body art
 - ☐ been informed of procedures for reporting any complications with the body art to thebody artist and to medical personnel.
- Client's Signature, and date