



Town of Mansfield - Board of Health

**Town of Mansfield
6 Park Row
Mansfield, MA 02048**

Application for Offering Body Art Services

ESTABLISHMENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER OF OPERATION: _____

NAME OF OWNER _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER OF OWNER: _____

EMAIL OF OWNER: _____

NAME OF CORPORATION / ASSOCIATION / PARTNERS _____

NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS HAVING AN OWNERSHIP INTEREST OF FIVE PERCENT OR MORE IN THE CORPORATION / ASSOCIATION / PARTNERSHIP:

PLEASE DESCRIBE YOUR PROCEDURES TO ASSURE THAT INDIVIDUALS UNDER EIGHTEEN YEARS OF AGE WILL NOT BE SERVED WITHOUT PROPER CONSENT

MAILING ADDRESS FOR APPROVAL NOTIFICATION AND RENEWAL:

TOTAL SIZE OF OPERATION IS: _____ FT.

PROJECTED DATE FOR BEGINNING OPERATION: _____ OR IF RENEWAL, RENEWAL DATE _____

IF A TIME LIMITED EVENT, NAME AND ADDRESS OF EVENT:

DATE OF EVENT _____

Additional forms to be submitted:

Client Application

Informed Consent Form

Drawing of the floor plan (n/a for renewals)

Injury and/or Complication Report (blank)

Disclosure Statement

Exposure Incident Report (blank form)

Infection Prevention and Control/ Exposure Control Plan and Employee Training Signatures

Applicant Statement of Consent: I have recieved and read a copy of the Town of Mansfield Board of Health Regulations for Body Art and understand the requirements of these regulations. I hereby apply for a license in accordance with the provisions of the Town of Mansfield Board of Health Regulations for Body Art Establishments made under the authority of M.G.L. c.111 § 31.

Signature of establishment owner

Date

Print name of establishment owner

FEE: \$200.00

Body Art Establishment Infection Prevention And Control/ Exposure Control Plan

In accordance with Mansfield Body Art regulations, a body art facility shall maintain and follow a written Infection Prevention and Control/ Exposure Control Plan (IPC-ECP), provided by the owner or established by the practitioners, specifying procedures to achieve compliance with the Mansfield Body Art Regulations. A copy of the IPC-ECP shall be filed with the Mansfield Health Department and a copy maintained in the body art facility.

The body art facility owner shall provide onsite training on the facility's IPC-ECP to the body art practitioners and employees or individuals involved with decontamination and sterilization procedures.

Training shall be provided when tasks where occupational exposures may occur are initially assigned, anytime there are changes in the procedures or tasks and when new technology is adopted for use in the body art facility, but not less than once each year. Records of training shall be maintained on-site for three years.

The IPC-ECP shall be maintained current and updated whenever there are changes to any of the procedures or tasks listed and when new technology is adopted for use in the facility.

Name of Body Art Facility:

Site Address:

City, State, ZIP:

Type of Body Art Facility:

Contact Person:

Telephone:

Date of Plan Review _____

Signature _____

Body Art Facility Infection Prevention and Control Plan

A. Decontamination and Disinfection: Describe the procedures for decontaminating and disinfecting of workstation and surfaces

1. Workstation surfaces/counter tops:

2. Workstation chairs/stools:

3. Trays:

4. Armrests:

5. Headrests:

6. Procedure area:

7. Tables:

Body Art Facility Infection Prevention and Control Plan

8. Tattoo machine and Clip Cord:

9. Reusable instruments, calipers, needle tubes, etc. portable light fixtures or other:

B. Reusable Instruments or Disposable: Describe the procedures used for decontaminating, sterilizing, packaging and storing of reusable instruments. Include the procedures for labeling of sterilized peel-pack. Indicate whether the body art facility uses all pre-sterilized, single-use and disposable instruments. Describe the record keeping logs and procedure logs maintained on-site when using 100% pre-sterilized, single-use and disposable instruments.

1. Needle tubes:

2. Calipers:

3. Other instruments:

C. Storage: Describe the storage location and equipment used for the storage of clean and sterilized instrument peel packs to protect the packages from exposure to dust and moisture

Body Art Facility Infection Prevention and Control Plan

D. Set Up and Tear Down of Workstation: Describe the procedure for setting up and tearing down the workstation for the following procedures

1. Tattoo:

2. Piercing:

3. Branding:

E. Prevention of Cross Contamination: Describe the techniques used to prevent the contamination of instruments, tattoo machines, trays, tables, chairs, clip cords, power supplies, squeeze bottles, inks, pigments, lamps, stools, soaps, procedure sites and additional areas of potential contamination during body art procedures. Include barriers provided to prevent cross contamination. Describe how procedure sites are prepared for a body art procedures.

E. Sharps Containers: Describe the procedures used for the safe handling of sharps and indicate the location of the in-use sharps containers. Indicate disposal frequency for sharps waste.

Body Art Facility Infection Prevention and Control Plan

F. Sharps Disposal: Describe the disposal of sharps used during a body art procedure.

1. Needles and needle bars:

2. Razors:

3. Other sharps or single-use marking pens used on open skin:

G. List the Medical Waste Hauler, Mail-back System or Alternative Treatment Technology used for the disposal of sharps containers:

Medical Waste Hauler: _____

Street Address: _____

City, State, ZIP: _____

H. Sterilization of Jewelry: Describe the procedure used for the sterilization of jewelry prior to placing into newly pierced skin.

I. Sterilization room: Describe the procedure used for decontaminating instruments prior to placing them into the autoclave. Indicate whether instruments are manually washed or machine washed, such as with an Ultrasonic machine. Describe the material used for soaking dirty instruments in the machine.

J. Disinfection Products: List the disinfectant products used at the body art facility.

Body Art Facility Infection Prevention and Control Plan

- K. Time and Temperature:** List the temperature of the autoclave and duration of time at that temperature required for the sterilization of clean instruments. Indicate where the sterilization log is maintained on-site.

Time: _____

Temperature: _____

Psi: _____

- L. Personal Protective Equipment:** List the personal protective equipment used during a body art procedure for the practitioner and the client.

- M. Handwashing Sink:** List the locations of the hand wash sinks and describe the items supplied at each sink.

- N. Aftercare Procedure:** Describe the written recommendation and care information provided to the client after a body art procedure. List the type of bandages or wrapping provided after a body art procedure.

- O. Procedure for an Accidental Spill:** Describe the clean-up and disinfection procedure taken when there is an accidental spill of sharps.

- P. Trash Receptacles and Disposal of Contaminated Trash:** List the type of trash receptacles used and their location throughout the body art facility. Describe the procedure for the disposal of contaminated items, such as gloves.

Body Art Facility Infection Prevention and Control Plan

Q. Negative/Failed Spore Test: Describe the procedure conducted when a monthly spore test has failed. Indicate where the facility maintains a spore test log on-site.

R. Commercial Ink or Pigment Manufacturers: List the manufacturer(s) for the inks or pigments used at the facility. Describe the procedure for dilution of inks. Only sterile water should be used for dilution of inks or pigments.

S. Service Animals: Describe the facility's policy regarding service animal presence in procedure, decontamination, and sterilization areas.

Maintain a copy of this completed document in your files. Submit one copy to the Mansfield Board of Health.

I hereby certify that all body art practitioners performing body art at this facility and employees or individuals involved with decontamination and sterilization procedures have been trained with the procedures and information contained in this document. To the best of my knowledge and belief, the statements made herein are correct and true.

Signature: _____

Title: _____ Date: _____

For Body Art Practitioners practicing at the establishment: ***I hereby certify that I have been trained with the procedures and information contained in this document. To the best of my knowledge and belief, the statements made herein are correct and true.***

Signature: _____

Title: _____ Date: _____

Signature: _____

Title: _____ Date: _____

TAX CERTIFICATION FORM

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

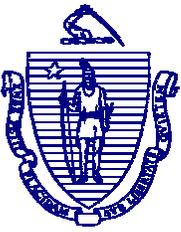
Signature of Individual or Corporate Name

By: Corporate Officer (*Mandatory, if Applicable*)

***Social Security No. (Voluntary) or Federal
Identification Number*

***This license will not be issued unless this certification clause is signed by the applicant.**

**** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Massachusetts General Law Chapter 62C, section 49A.**



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia