



**PLAN REVIEW SUBMITTAL
FOR
BODY ART ESTABLISHMENTS**

DO NOT START CONSTRUCTION and/or MODIFICATION WITHOUT PRIOR APPROVAL FROM DETROIT HEALTH DEPARTMENT.

Chapter 20-3-22 of the Detroit City Code requires that:

It shall be unlawful to conduct or to maintain any body art facility in the City without first having obtained a license from the Buildings, Safety Engineering, and Environmental Department Business License Center to operate such business.

In order to make this task easier, the Detroit Health Department has developed a ***“Plan Review Packet”*** which summarizes the minimal information, which must be submitted with the plans and specifications. Please fill in ***all parts*** of the plan review packet and include this information in your final packet. All plans must be drawn to scale (please use a minimum scale of 1/4" = 1').

Also, contact the Buildings, Safety Engineering and Environmental Department (BSEED) - Plan Review Division for BSEED requirements. BSEED is located at the Coleman A. Young Municipal Center, 2 Woodward Ave. Ste. 401, Detroit, Michigan 48226. Phone: (313) 224-3233 Website: <http://detroitmi.gov/bseed>

Once all parts of the Plan Review Packet have been filled out in detail and the information incorporated in the plans, you are ready to submit your Packet to the Detroit Health Department for review.

The following items are **REQUIRED**:

- 1. ONE (1) SET OF DETAILED PLANS**
- 2. A COMPLETED PLAN REVIEW PACKET**

**SUBMIT PLANS TO: Detroit Health Department
Environmental Health
100 Mack Ave. Third Floor
Detroit, MI 48201-0001**



BODY ART ESTABLISHMENT PLAN REVIEW PACKET

ESTABLISHMENT NAME:

ADDRESS: _____ **MAIN PHONE:** _____

ZIP CODE: _____ **ALT. PHONE:** _____

EMAIL: _____

OWNER: (All Correspondence mailed to.) Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
Alt. Phone: _____ Fax: _____

General Construction Contractors Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
Alt. Phone: _____ Fax: _____

FOR DETROIT HEALTH DEPARTMENT USE ONLY

PLAN REVIEW PACKET RECEIVED:	DATE: _____	RECEIPT DATE STAMPED
PLAN REVIEW PACKET COMPLETE	<u>Y</u> <u>N</u>	PLANS REFUSED <u>Y</u> <u>N</u>
FEE: \$ _____	RECEIPT # _____	CHECK # _____
Date Plans Approved _____		
INSPECTION COMPLETED:	<u>Y</u> <u>N</u>	RE-INSPECTION REQUIRED <u>Y</u> <u>N</u>

**DETROIT HEALTH DEPARTMENT
BODY ART ESTABLISHMENT
PLAN REVIEW PACKET**

LAYOUT AND INTERNAL FINISHES

ROOM FINISH DESCRIPTION CHART:

ROOM DESIGNATION	*WALL MATERIAL(S) DESCRIPTION	*FLOOR MATERIAL(S) DESCRIPTION	*CEILING MATERIAL(S) DESCRIPTION	*COVING MATERIAL(S) DESCRIPTION
PRACTITIONER (S) ROOM (S)				
STORAGE ROOM (S)				
MECHANICAL SUPPLY ROOM (S)				
RESTROOM (S)				
WAITING ROOM (S)				
STERILIZATION EQUIPMENT ROOM (S)				
OTHER MISC. ROOM (S)				

*SPECIFY THE TYPE OF FINISH MATERIAL:

i.e. "HIGH GLOSS ENAMEL PAINT, VINYL COMPOSITE FLOOR TILE, VINYL COATED DROP-IN ACOUSTICAL TILE".

REMARKS: _____

DETROIT HEALTH DEPARTMENT
BODY ART ESTABLISHMENT
PLAN REVIEW PACKET

SANITATION

A. AUTOCLAVE STERILIZER(S)

1.0 TOTAL NUMBER OF AUTOCLAVES IN FACILITY: _____

2.0 MAKE: _____ MODEL: _____ SERIAL # _____

For Additional Autoclaves – Please add information to a separate page of this packet.

3.0 AUTOCLAVE TESTING FACILITY _____
ADDRESS: _____
PHONE: _____

4.0 SPORE TEST RESULTS ADEQUATE YES NO
(INCULDE LATEST SPORE TEST WITH THIS PLAN REVIEW PACKET)

5.0 BACK FLOW PREVENTION PROVIDED YES NO

6.0 LOCATION OF AUTOCLAVE IN FACILITY: _____

B. WATER HEATER:

1.0 Make: _____ Volume: _____ Gas?: _____ Electric? _____

C. TOILET AND HANDWASHING FACILITIES:

1.0 ADEQUATE AND CONVENIENTLY LOCATED? YES NO

2.0 FULLY ENCLOSED ROOM WITH SELF-CLOSING DOOR(S) YES NO

2.0 NUMBER OF WATER CLOSETS (toilets) IN FACILITY: _____

3.0 NUMBER OF HAND SINKS IN EACH FACILITY: _____

4.0 TEMPERED WATER FIXTURE? YES NO
MIXING FAUCETS? YES NO
SMOOTH ELBOW OPERATED HANDLES? YES NO

DETROIT HEALTH DEPARTMENT
BODY ART ESTABLISHMENT
PLAN REVIEW PACKET

FOOT OPERATED DISPENSER YES NO

D. RUBBISH / TRASH DISPOSAL:

- | | | | |
|-----|--|-----|----|
| 1.0 | BIOHAZARDOUS MATERIAL PICKUP
NAME OF COMPANY: _____ | YES | NO |
| | FREQUENCY OF PICK UP: _____ | PER | |
| 2.0 | SHARPS CONTAINERS PROVIDED

FREQUENCY OF PICK UP _____ | YES | NO |
| | | PER | |
| 3.0 | VERMIN AND RODENT PROTECTION PROVIDED

NAME OF PROVIDER: _____ | YES | NO |
| 4.0 | ALL OUTER OPENINGS SCREENED | YES | NO |

STATE LICENSING

Owners or operators of body art facilities will be required to apply for a body art facility license through Michigan Department of Health and Human Services (MDHHS). Apply for the State of Michigan license at: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_27716_73975_73976_74166-250493--,00.html

Public Act 375, which was enacted in December of 2010, indicates that individuals shall not tattoo, brand, microblade, or perform body piercing on another individual unless that tattooing, branding, microblading, or body piercing occurs at a body art facility licensed by the (MDHHS).

Body art facilities must be familiar with the Requirements for Body Facilities. Download a copy here: https://www.michigan.gov/documents/mdch/BAREqs811_360378_7.pdf

For more information, please contact the MDHHS Body Art Facility Licensure Program at BodyArt@michigan.gov or at (517) 335-8165.

MEDICAL WASTE PRODUCING FACILITY REGISTRATION

All body art facilities are required to apply as a Medical Waste Producing facility with the Michigan Department of Environmental Quality at: https://www.michigan.gov/documents/deq/whm-stsw-mwrp-electronic-initial-application_285711_7.pdf

Proof of registration will be required for licensure.

100 Mack Ave, Detroit, MI 48216 | T: 313-876-4715 | F: 313-877-9262