



CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH – BODY ART PROGRAM
 2525 Grand Avenue, Room 220, Long Beach, California 90815
 Phone (562) 570-4129 Fax (562) 570-4038



TEMPORARY BODY ART EVENT
EVENT ORGANIZER APPLICATION

(Submit 30 days in advance of the event)

Name of Event: _____ Date(s) of Event: _____ to _____

Name of Event Organizer: _____ Time(s) of Event: _____ to _____

Address of Event: _____ City: _____ Zip: _____

Address of Event Organizer: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____ Website: _____

Person(s) in charge: _____ On-site Cell Phone #: _____

SITE PLAN	NUMBER OF BODY ART BOOTHS
<p>Submit a site plan showing the general layout of the event indicating location of the following:</p> <ol style="list-style-type: none"> Booths Water Supply Toilet and Hand Washing Facilities Trash Disposal Containers (quantity) Location of Decontamination/Sanitation Areas (quantity) Back-up supplies 	<p>Total # of booths performing body art: _____</p> <p>All body art booths using pre-sterilized, disposable equipment? ___ Yes ___ No</p> <p>If no, complete decontamination/sanitation area information.</p>

BODY ART BOOTHS

Body art booths must be located within a building, with a partition at least 3 feet high to separate the procedure area from the public, and equipped with adequate light and a sharps waste container for each body art booth.

Responsible Party: _____ Event Organizer _____ Body Art Operator _____

DECONTAMINATION/SANITATION AREAS

Type of sink: Permanent _____ Portable _____

Portable Service Company Name: _____

Portable Service Company Address: _____

Ultrasonic (Model): _____

Autoclave (Model): _____ Date of last spore test: _____

Is the decontamination/sanitation area operated by the event organizer? Yes _____ No _____

-If "YES", provide a copy of the procedures for decontamination area, a log book with records of each load including date, contents, exposure time and temperature, integrator results, and spore test results onsite.

-Provide a copy of bloodborne pathogen training certificate for all employees working in the decontamination area.

Fees: Organizer fee \$175.00

OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ Receipt#: _____ Approved By: _____

BODY ART BOOTH HAND WASHING STATION

For each hand washing station 5-gallons or more of water accessible via spigot, soap, single-use towels and a wastewater collector/holding tank is required. Up to four adjacent booths may share a centrally located hand washing station.

Number of hand washing stations: ____ Hand washing stations provided by: Event Organizer ____ Body Art Operator ____

Service Provider Name: _____

Service Provider Address: _____

PUBLIC TOILET FACILITIES

Number of toilets: _____ For multi-day events, how often will toilet facilities be cleaned? _____ times/day

Number of hand washing sinks: _____ Warm water available: Yes _____ No _____

WASTE DISPOSAL

Number of sharp containers per booth: _____

Number of trash containers: _____ How often are trash containers emptied? _____ times/day

Provide a copy of the agreement with the company responsible for removal of all sharps waste containers. Provide the information below for the sharps waste disposal company.

Name: _____

Address: _____

Telephone: _____

EVENT ORGANIZER ACKNOWLEDGEMENT

I understand I shall provide a list of all booth operators participating in the event; to have back-up supplies available for purchase; and post in a conspicuous place the name, telephone number, and directions to an emergency room near the event.

I understand that all body art practitioners who will be participating in the event must be registered beforehand, including bloodborne pathogen training and Hepatitis B vaccination status.

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.

I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected body art booths, and/or may result in an administrative fine.

I understand that I am responsible for obtaining approval from all applicable agencies.

I understand that once the application is reviewed the application fee is non-refundable.

APPLICATION COMPLETED BY:

Print Name: _____ Telephone: _____

Signature: _____ Cell Phone: _____